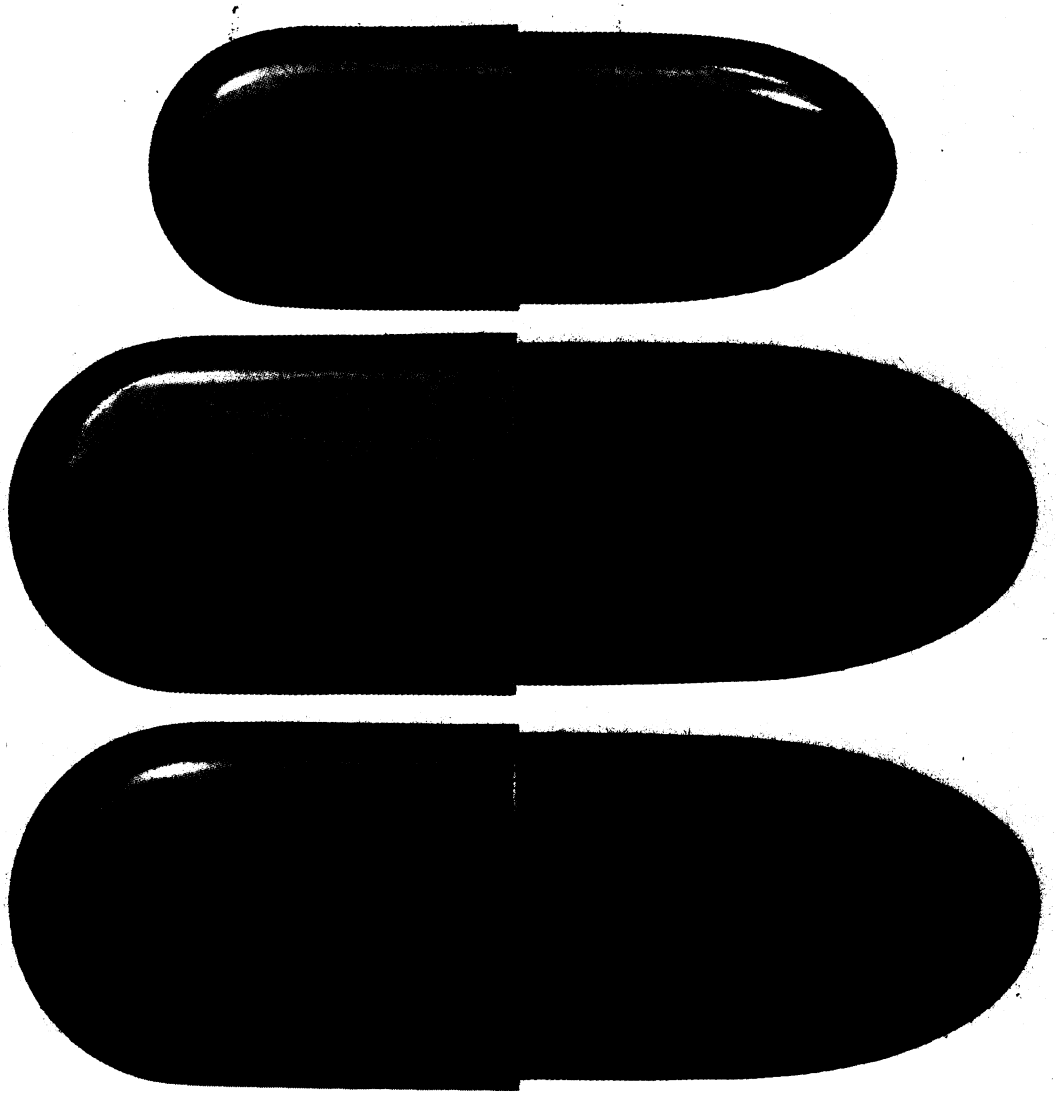
Meet the new Darvon-N models H64, H43, H91.



Darvon-N
(100 mg propoxyphene napsylate)

Darvon-N with A.S.A.
(100 mg propoxyphene napsylate, 325 mg A.S.A.)

Darvon-N Compound
(100 mg propoxyphene napsylate, 375 mg A.S.A., 30 mg caffeine)

The "N" stands for the new napsylate salt of propoxyphene. Propoxyphene napsylate is a water-insoluble salt allowing a more stable formulation with A.S.A. or A.S.A. combinations.

The greater stability of propoxyphene napsylate with A.S.A. is accompanied by even fewer gastric side-effects.

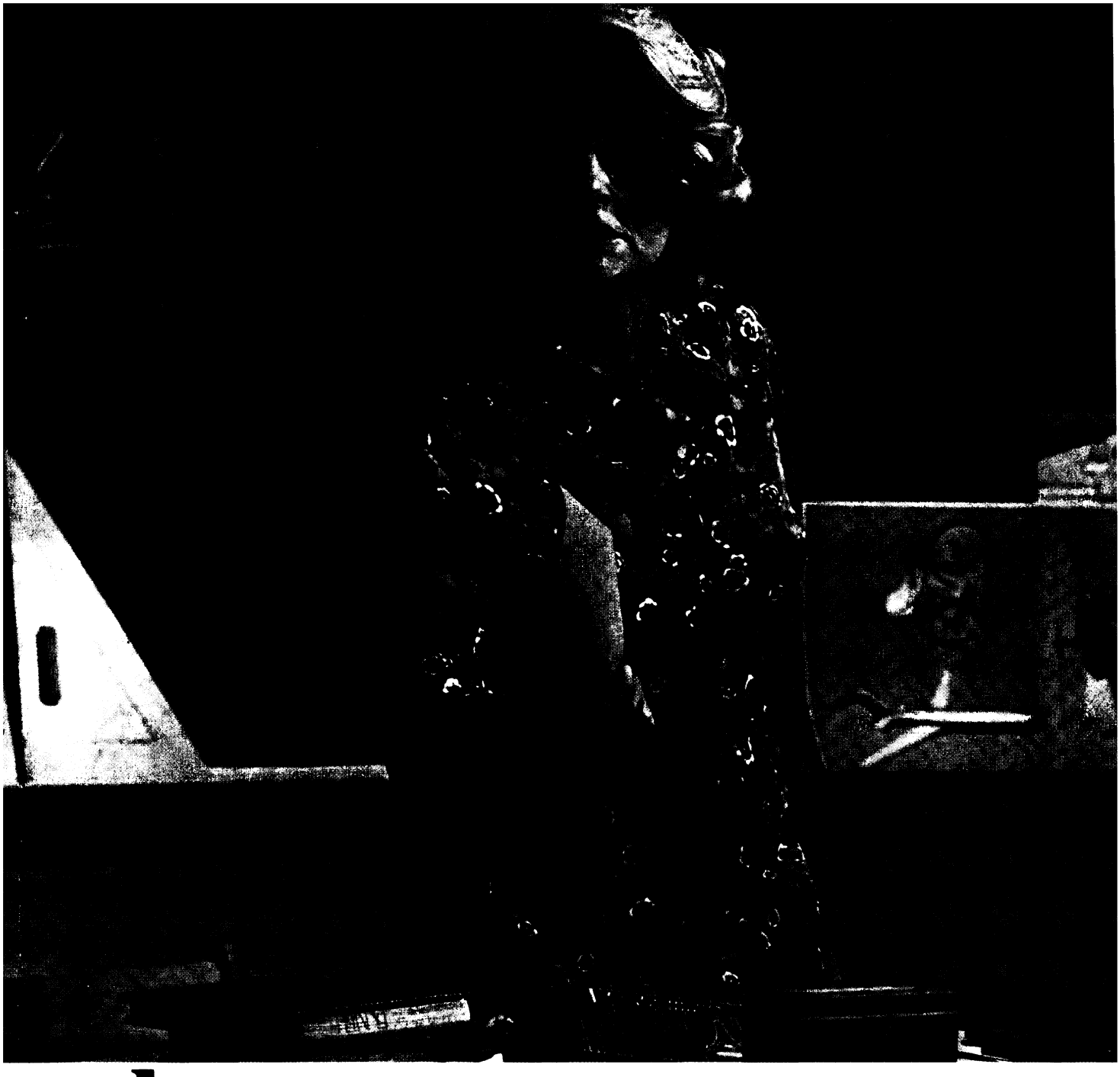
Because of the difference in molecular weight, a dose of 100 mg of Darvon-N produces analgesic equivalent to that from 65 mg propoxyphene hydrochloride.

Darvon-N contains no phenacetin and is an improved better product than Darvon (hydrochloride salt). Most pharmacies and hospitals now stock Darvon-N as it will be replacing all previous stock. The capsule size and colours are the same to minimize patient-confusion. Only the Identi-Code number on the capsule is different so that the contents can be readily identified.

Prescribing information available on request

ELI LILLY AND COMPANY (CANADA) LIMITED • TORONTO, ONTARIO M5W 1L1 L-473

they are suffering from estrogen deficiency



she is the reason why

Behind these long-suffering children is the suffering woman. She may be suffering from any one or more of a multitude of symptoms — irritability, depression, headache, loss of vitality, loss of libido, tension or emotional instability — apart from the more obvious signs of estrogen deficiency. And through no fault of her own, she makes life miserable for everyone she comes in contact with.

But it doesn't have to happen. Many of these disruptive processes may be minimized or prevented. PREMARIN*, the *natural* and *complete* estrogen complex, acts as a metabolic regulator and exerts a protective effect on many systems, organs, and tissues of the female body.

Moreover, PREMARIN has the intrinsic ability to impart a sense of well-being — of vital importance in this period of psychologic adjustment and emotional imbalance.

"If we consider the number of aging changes that take place in the body after estrogen deficiency begins it would seem logical to treat all women . . . estrogens are as essential to good health as a well-balanced diet."[1]

1. Willson, Beecham, Carrington Obstetrics and Gynecology 2nd Edition, 1963

when symptoms point to estrogen deficiency, prescribe

premarin Ayerst

the original conjugated estrogen

Complete prescribing information and references on request

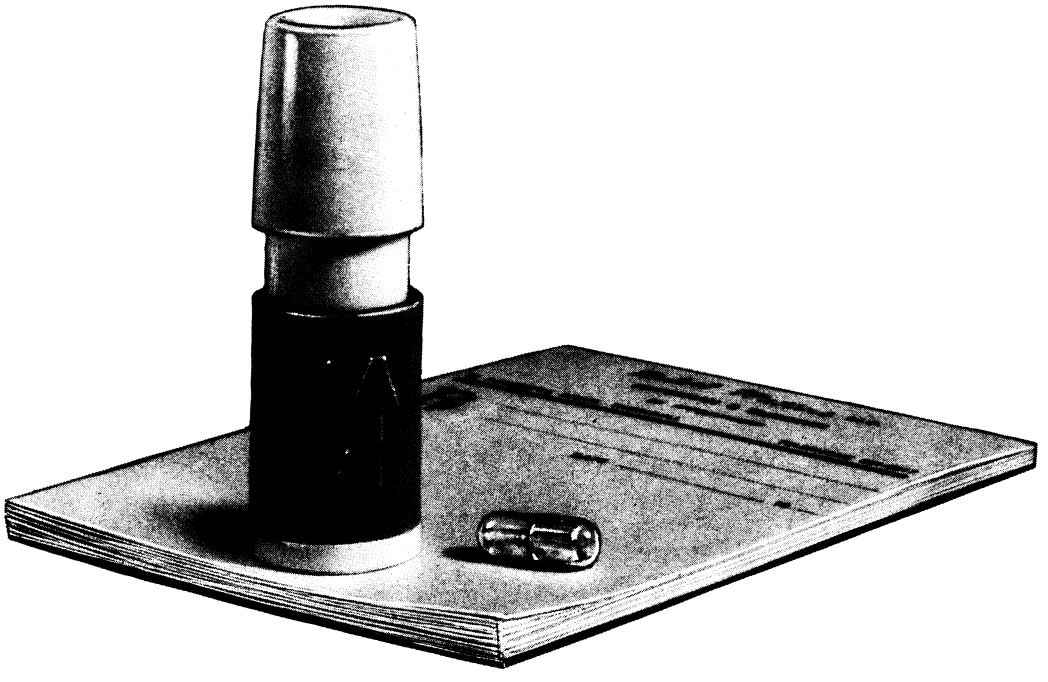
*T.M. Reg'd.

MEMBER PMAC

850/71/A

AYERST LABORATORIES, DIVISION OF AYERST, McKENNA & HARRISON LTD., MONTREAL, CANADA

You can prevent asthma without bronchodilation



Intal® can keep the asthmatic airway open with virtually zero side-effects. Cost? As low as 25 cents daily.

Remember when Intal was used mainly for severe asthma? Things have changed.
Many doctors now prescribe Intal as a matter of routine. What made them change their minds? Here are some possibilities:

First, Intal has 'few general pharmacological effects—none that can be detected in man'[1], Intal 'has no direct bronchodilator action'[2], 'no sympathomimetic, antihistamine-like, or corticosteroid-like effects'[1]. And, in a twelve month study Kerr and Patel reported 'no evidence of an adverse lung function'[3]. Intal is not a bronchodilator and therefore has none of the disadvantages associated with bronchodilators or with their propellants.

Second, new research[2] confirms the dosage of Intal can be titrated to the level of challenge. Patients are well able to maintain their own minimum effective dosage. Cost of treatment can be as low as 25 cents a day.

Intal can prevent an asthma attack before it starts. Without resorting to bronchodilation. Without any significant side effect.

Prescribe Intal. Not just for what it *can* do. But also for what it *cannot* do.

Presentation: Intal Spincap® cartridges contain 20 mg of disodium cromoglycate supplied in 30s and 100s. Spinhaler® turbo-inhalers are supplied in individual containers.
Dosage: 1 Spincap four times a day, or as directed.
Adverse Reactions: No serious adverse reactions which can clearly be attributed to Intal have been reported.
Precautions: The dangers of sudden withdrawal of corticosteroids are well recognised, particularly in patients who have received long-term administration of oral steroids. For full details of steroid dosage during Intal therapy, please see the Intal literature. As with any new drug, avoid use during the first trimester of pregnancy.

1. DISODIUM CROMOGLYCATE IN ALLERGIC RESPIRATORY DISEASE. Cox, J. S. G. et al; Today's Drugs. B.M.J., April, 1972: 159-161.
2. LONG-TERM STUDY OF DISODIUM CROMOGLYCATE IN TREATMENT OF SEVERE EXTRINSIC OR INTRINSIC BRONCHIAL ASTHMA IN ADULTS. Brompton Hospital/Medical Research Council Collaborative Trial. B.M.J., November, 1972: 383-388.
3. PULMONARY FUNCTIONS IN BRONCHIAL ASTHMA AFTER 12 MONTHS ON DISODIUM CROMOGLYCATE Kerr, J. W. and Patel, M. B.; Abstract, J. ALLERGY CLIN. IMMUNOL., February, 1972: 128-129.

Intal FISONS

Intal is the only drug in the class: Asthma Prophylaxis

FIS-9PE

Synalar
fluocinolone acetonide

by any measure– a visible success in treating inflamed skin.

Presentation	Cream	Ointment	Solution
Synalar Mild	20g 60g	20g 60g	20 ml 60 ml
Synalar Regular	15g 45g 425g	15g 45g 425g	
Neo-Synalar	15g 45g 425g		
Synalar H.P.	5g		
Synalar Bi-Otic			5 ml

Synalar abridged prescribing information

Indications:
for topical use in management of corticosteriod responsive dermatoses
Synalar Cream
for moist and/or weeping lesions
Synalar Ointment
for dry lesions
Synalar Solution
for intertriginous or hairy sites
Neo-Synalar Cream
for infected dermatoses
Synalar Bi-Otic
for use in acute or chronic otitis externa

Dosage
Apply sparingly to affected areas two or three times daily.

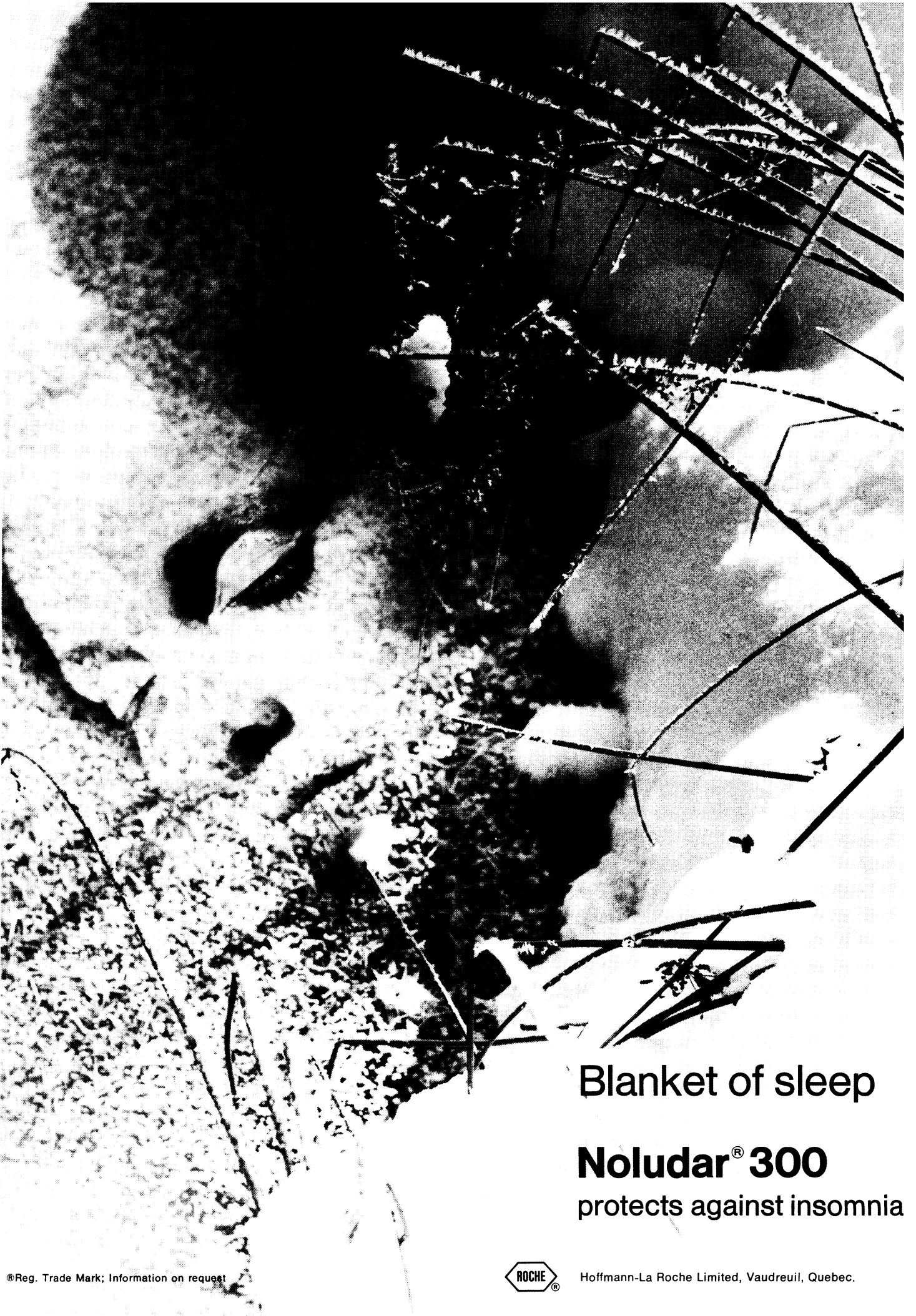
Contraindications
Tuberculous, fungal and most viral lesions of the skin – individuals with a history of hypersensitivity to any of the components. Not for ophthalmic use.

Precautions:
Should sensitivity occur, the agent should be discontinued. In the presence of infection, the use of an appropriate antifungal or antibacterial agent should be instituted.

In pregnant patients, topical steroids should not be used extensively, in large amounts or for prolonged period of time. Prolonged use of Neo-Synalar Cream may result in overgrowth of susceptible organisms; if so, appropriate therapy should be instituted.

Presentation
Synalar Mild
(fluocinolone acetonide 0.01%)
Synalar Regular
(fluocinolone acetonide 0.025%)
Synalar H.P.
(fluocinolone acetonide 0.2%)
Neo-Synalar Cream
(fluocinolone acetonide 0.025% and neomycin sulphate 0.5%)
[equivalent to neomycin base 0.35%]
Synalar Solution
(fluocinolone acetonide 0.01%)
Synalar Bi-Otic
(fluocinolone acetonide 0.025%, neomycin sulphate 5.0 mg/ml [3.5 mg/ml of neomycin base], polymyxin B sulphate 10,000 units/ml).

SYNTEX
Syntex Ltd.
Montreal, Quebec



Blanket of sleep

Noludar® 300

protects against insomnia

®Reg. Trade Mark; Information on request

ROCHE®

Hoffmann-La Roche Limited, Vaudreuil, Quebec.

helps activate the aging brain

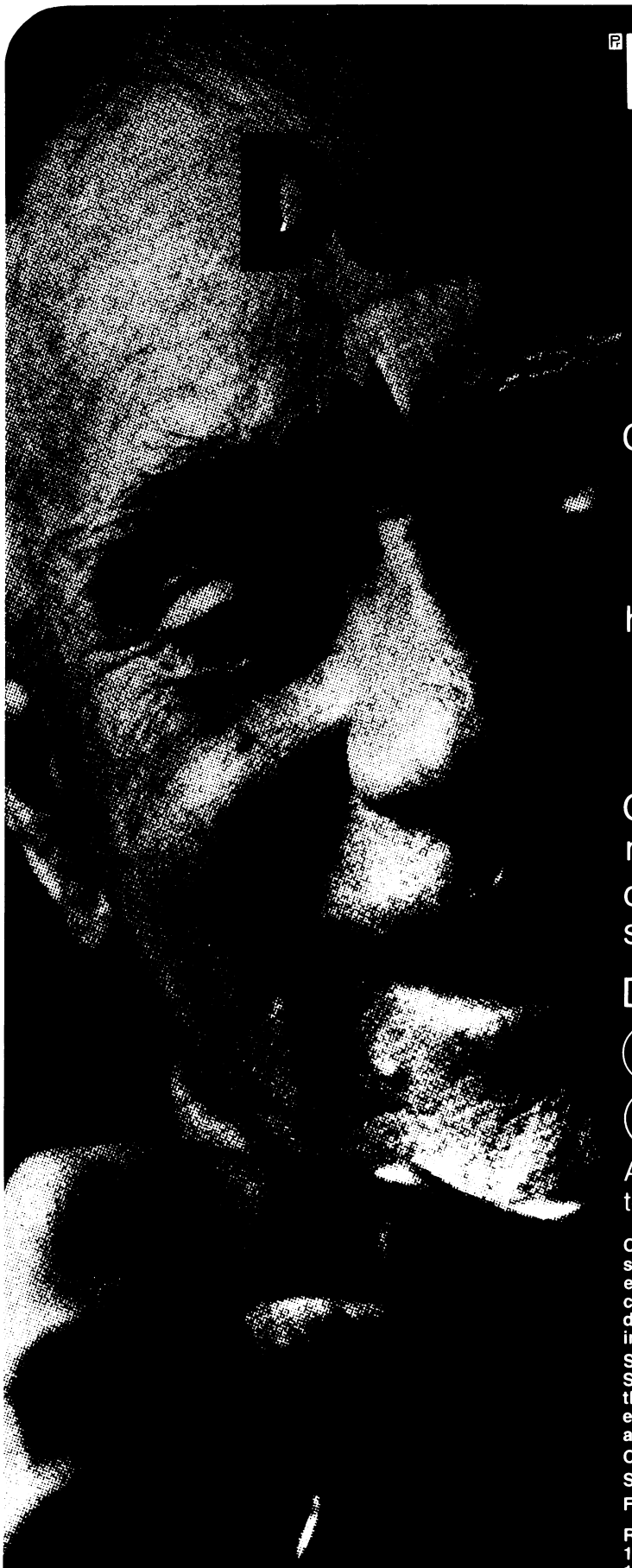
HOW?

consequently there is

increased cerebral oxygen uptake

leading to

increased cerebral blood flow



Hydergine®

2,3,4,5,6,7,8

Conclusions: Hydergine helps relieve
- forgetfulness
- confusion
- disorientation

helps patients become:
- more cheerful and alert
- more active and self-sufficient
- better oriented and less fatigued

Other troublesome symptoms may also disappear:
dizziness, headaches, lack of appetite
sleep disturbances

DOSAGE

 daily for 4 weeks

 daily for 6 weeks

Afterward adjust daily dosage to individual needs of patient

Composition—Tablets: Each 1 mg. tablet contains the methanesulfonates of dihydroergocornine, dihydroergocristine and dihydroergokryptine in equal proportions. Ampoules: Each 1 ml. ampoule contains 0.3 mg. Hydergine consisting of the methanesulfonates of dihydroergocornine, dihydroergocristine and dihydroergokryptine in equal proportions.

Side effects—Hydergine is usually well tolerated even in larger doses. Side effects are few and very slight. In addition to nasal stuffiness, there may be nausea, gastric pressure, anorexia, and headache, especially in patients with autonomic lability. In such cases, it is advisable to reduce the dose or administer it during or after meals.

Contraindications—Severe bradycardia and severe hypotension.

Supply—Bottles of 100 and 500 tablets; Boxes of 6 and 100 ampoules.

Full prescribing information is available upon request.

References - 1. Emmenegger, H. and Meier-Ruge, W., Pharmacology, 1:65-78, 1968 2. Rao, D.B. and Norris, J. R., Johns Hopkins Med. J., 130:317-324, 1972 3. Ditch, M., et al, J. Am. Geriatr. Soc., 19:208-217, 1971 4. Jennings, W. G., J. Am. Geriatr. Soc., 20:407-412, 1972 5. Gerin, J., Curr. Ther. Res., 11:539-546, 1969 6. Triboletti, F. and Ferri, H., Curr. Ther. Res., 11:609-620, 1969 7. Short, M.J. and Benway, M., Scientific Exhibit, American Psychiatric Association, Dallas, Texas, May 1-5, 1972 8. Bazo, A.J., J. Am. Geriatr. Soc., 21:63-71, 1973.

SANDOZ

Sandoz Pharmaceuticals, Division of Sandoz (Canada) Limited, Dorval, Quebec

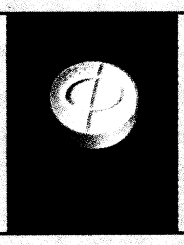
Nobody does more to help you relieve pain...


642
TABLETS
PROPOXYPHENE HYDROCHLORIDE
65 mg.
ANALGESIC
Charles E. Frosst & Co
COMPRIMÉS
692
COMPOSÉ DE PROPOXYPHÈNE
à 65 mg
ANALGÉSIQUE
100 TABLETS
222
TABLETS
WITH CODEINE
RELIEVE HEADACHES, NEURALGIA, AND PAIN OF RHEUMATISM, ARTHRITIS, AND COLDS.
282 ME
TABLETS
292
TABLETS
ACETOPHEN® CO. with CODEINE 30 mg.
ANALGESIC

...than we do.

FOR RELIEF OF PAIN AGGRAVATED BY TENSION, Phenacetin-Free:

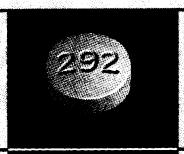
ℕ '282 MEP'* Tablets



Acetylsalicylic acid	350 mg.
Caffeine citrate	30 mg.
Codeine phosphate	15 mg.
Meprobamate	200 mg.

FOR RELIEF OF PAIN, Phenacetin-Free:

ℕ '292'* Tablets



Acetylsalicylic acid	375 mg.
Caffeine citrate	30 mg.
Codeine phosphate	30 mg.

ℕ '282'* Tablets

Same formula as '292'* Tablets modified to contain codeine 15 mg.

FOR RELIEF OF PAIN AND FEVER, Phenacetin-Free:

ℕ '222'* Tablets

Same formula as '292'* Tablets modified to contain codeine 8 mg.

FOR RELIEF OF PAIN — AS AN ALTERNATIVE TO CODEINE, Phenacetin-Free:

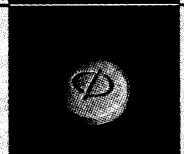
'692'* Tablets

PROPOXYPHENE COMPOUND 65 mg.

Propoxyphene HCl USP	65 mg.
Acetylsalicylic acid	375 mg.
Caffeine	30 mg.

'642'* Tablets

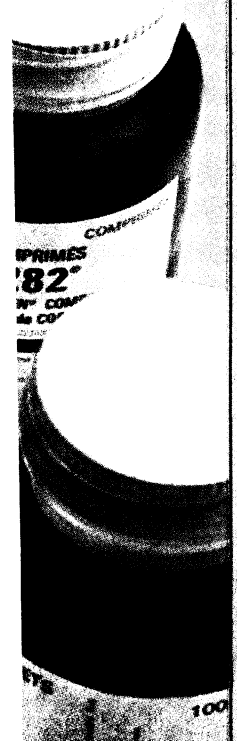
PROPOXYPHENE PLAIN 65 mg.



Propoxyphene HCl USP	65 mg.

*Trademark

Full information available to physicians.



Frosst

FOUNDED IN CANADA IN 1899
CHARLES E. FROSST & CO.
KIRKLAND (MONTREAL) CANADA

MEMBER PMAC

(MC-233)

ORDERING ROUTINE SERUM *CHOLESTEROL* DETERMINATIONS IS HALF THE BATTLE.

THE OTHER HALF IS ORDERING ROUTINE SERUM *TRIGLYCERIDE* DETERMINATIONS.

MODERN MEDICAL OPINION RECOGNIZES THE NEED TO DO *BOTH.*

Not long ago, serum cholesterol was the only lipid determination requested.

But since the Fredrickson classification of lipid disorders has demonstrated that triglycerides are as important as cholesterol in diagnosing primary hyperlipidemia, many physicians are requesting serum triglyceride determinations as routinely as cholesterol determinations.

Fredrickson[1] et al., found that over 95% of patients with primary hyperlipidemia will be detected if both cholesterol and triglyceride levels are determined. So it makes good sense to order both.

And when lipid levels are above normal, it makes equally good sense to specify ATROMID-S* (clofibrate), the most widely prescribed lipid-lowering agent, because ATROMID-S lowers both cholesterol and triglyceride levels.

The importance of ATROMID-S therapy has been established by independent trials: *Clofibrate in Coronary Heart Disease by Krasno, L.R., and Kidera, G.J., which appeared in J. of the Am. Med. Assoc.; Feb. 14, 1972, Vol. 219, 845; and, Secondary Prevention Trials Using Clofibrate: A Joint Commentary on the Newcastle and Scottish Trials by Dewar, H.A., and Oliver, M.F., which appeared in Brit. Med. J., 1971, 4, 784.*

1. Fredrickson, D.S., et al.: Drugs Affecting Lipid Metabolism, New York, Plenum Press, 1969, pp. 307-325.

Indications ATROMID-S is indicated where reduction of blood lipids is desirable; e.g., patients with hypercholesterolemia and/or hypertriglyceridemia. **Contraindications** While teratogenic studies have not demonstrated any effect attributable to ATROMID-S, its use in nonpregnant women of childbearing age should only be undertaken in patients using strict birth control measures. If these patients then plan to become pregnant, the drug should be withdrawn several months before conception. The drug should not be given to lactating women. ATROMID-S is not recommended in children since, to date, an insufficient number of cases have been treated. ATROMID-S is not recommended for patients with impaired renal or hepatic function. **Warning** Caution should be exercised when anticoagulants are given in conjunction with ATROMID-S. The dosage of the anticoagulant should be reduced by one-third to one-half (depending on the individual case) to maintain the prothrombin time at the desired level to prevent bleeding complications. Frequent prothrombin determinations are advisable until it has been definitely determined that the levels have been stabilized. For PRECAUTIONS and ADVERSE REACTIONS, see scientific brochure. **Dosage and Administration** For adults only: One capsule (500 mg) four times daily. **Availability** No. 3243 — Each capsule contains 500 mg clofibrate N.F. in bottles of 100 and 360. Further information, references, and scientific brochure available on request.

ATROMID-S*

TO LOWER BLOOD LIPIDS SAFELY AND EFFECTIVELY

Ayerst* Quality has no substitute

MEMBER PMAC

AYERST LABORATORIES division of Ayerst, McKenna & Harrison Limited, Montreal, Canada. Made in Canada by arrangement with Imperial Chemical Industries Ltd.

*Reg'd.

Declinax®

(debrisoquine sulfate)

makes the patient *feel* better

What is 'Declinax'?

A thoroughly documented, distinct, and significant advance in the management of essential hypertension. Chemically, 3,4-dihydro-2(1H)-isoquinoline-carboxamidine sulfate (debrisoquine), 'Declinax' is a sympathetic blocking agent.

'Declinax' reduces postganglionic sympathetic transmission by interfering with the physiological release of noradrenaline without depleting major tissue stores of catecholamines or impairing the cardiac contractile mechanism.

Why is 'Declinax' an advance?

The sympathetic blockade is specific rather than blanketing. Thus the side effects due to unopposed parasympathetic activity do not occur. Incidences of bradycardia, nasal stuffiness, frequent bowel movements, explosive diarrhea, and impotence, are infrequent and not necessarily associated with 'Declinax' therapy.

" 'Declinax' has proved to be an effective antihypertensive agent, remarkably free from side effects, and in this regard, is a distinct advance over guanethidine or methyldopa."[1]

"is now our agent of choice and the evidence for this conclusion is overwhelming."[2]

Advantages over methyldopa, reserpine, and guanethidine

'Declinax' provides smooth, firm, predictable control of hypertension. 'Declinax' decreases peripheral vascular resistance by blocking the transmission of sympathetic nerve impulses at the postganglionic nerve terminals.

a) *Is short-acting.* 'Declinax' is rapidly metabolized.

b) *Well-being of patient is not stifled.* Side effects are noticeably less frequent, less severe, and less unpleasant.

c) *No catecholamine depletion.* This frequently encountered side effect with methyldopa has not been observed with 'Declinax'.

Advantages over thiazides

'Declinax' acts by reducing peripheral vascular resistance. Thiazides tend to reduce fluid levels and lead to metabolic disruptions such as hypokalemia, weakness, and disturbances in cardiac output.

Indications

For the control of moderate to severe sustained hypertension.

Dosage

Should be titrated for each patient to determine the lowest possible dosage for optimum blood pressure reduction without undue side effects.

a) *Moderate hypertension* (uncomplicated essential hypertension). Recommended initial dose is 5-10 mg/day, followed (after 1-2 weeks), if required, by a weekly increase of 5-10 mg.

Daily maintenance dosage is between 10-30 mg. If, after some weeks, 30 mg/day is found to be insufficient, concomitant use of a diuretic is suggested, as well as reduction of 'Declinax' dosage to 20 mg/day.

b) *Severe hypertension.* Recommended initial dose is 10 mg/day, followed, if necessary, by a weekly increase of 5-10 mg according to B.P. readings.

On the average, the daily maintenance dose varies between 30-60 mg. If required, this dosage can be increased up to 140 mg/day. In stubborn cases, the addition of a diuretic is recommended.

'Declinax' tablets should be taken *before* meals. Where daily dosage exceeds 10 mg, 2 or 3 divided doses are recommended.

Tolerance

'Declinax' is well tolerated. Overdose causes postural hypotension, most noticeable in the early morning or with quick rising, and associated with weakness, giddiness and fatigue.

Other side-effects include malaise, nausea, headache, sweating, failure of ejaculation and sometimes frequency of micturition and nocturia. Diarrhea, common with some other antihypertensive agents, is seen only very rarely.

Contraindications

Contraindicated in patients with a known hypersensitivity to the drug, with proved or suspected pheochromocytoma, with severe renal insufficiency, or with a severe impairment of cerebral or coronary circulation. Its incompatibility with MAO inhibitors must be borne in mind, therefore, it should not be used concurrently with these agents.

Because of the lack of clinical experience in children, 'Declinax' is not recommended in this age group.

Presentation

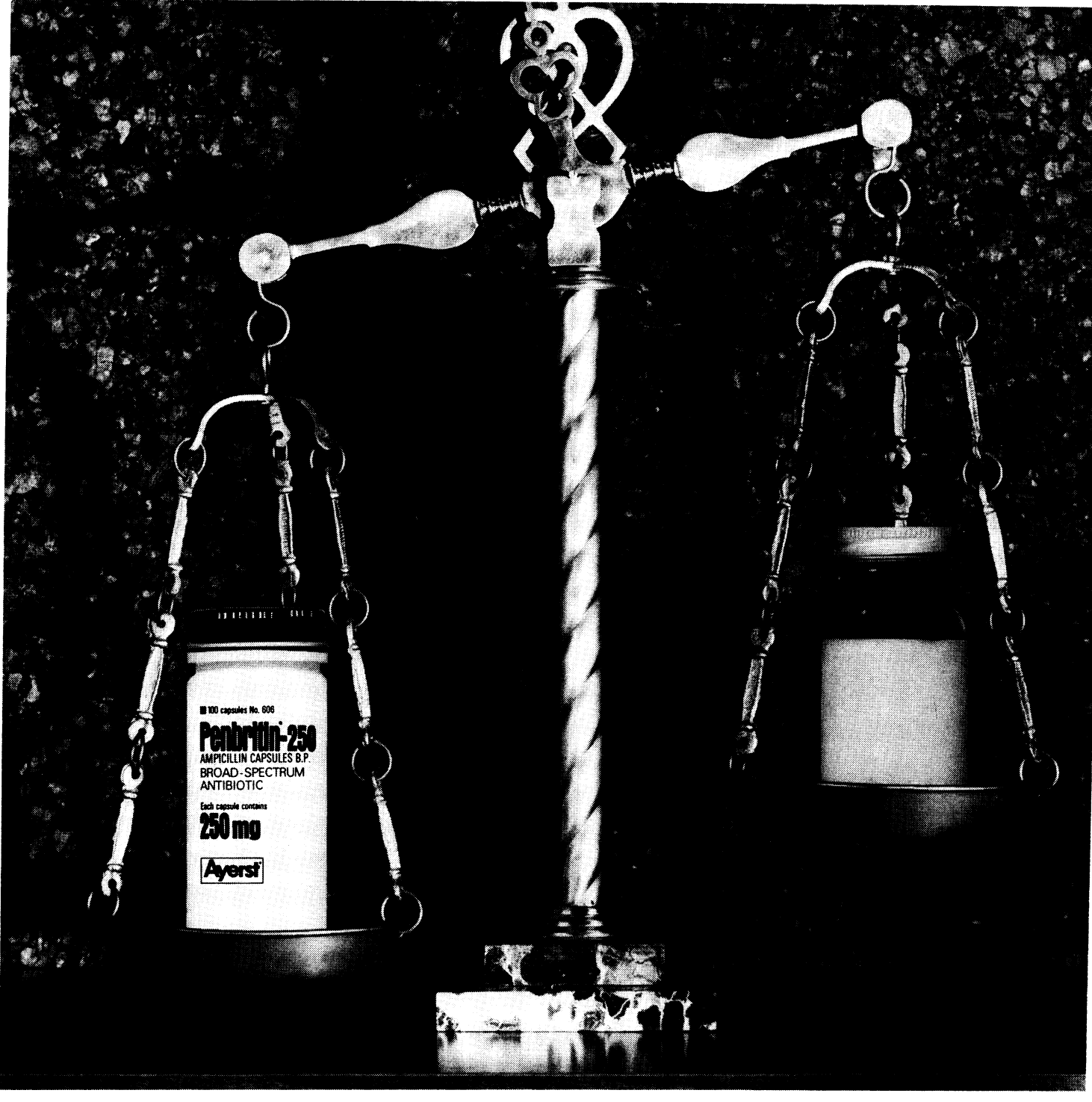
10 and 20 mg tablets in 100's and 500's.

References

1. A. H. Kitchin, R. W. D. Turner, *Brit. Med. J., 2*:728, 1966.
2. A. E. Gent, et al, *Practitioner, 198*:673, 1967.

®Reg. Trade Mark
Complete product monograph available on request.

ROCHE® Hoffmann-La Roche Limited
Vaudreuil, Quebec



Weigh Penbritin* against any other ampicillin

Weigh PENBRITIN in terms of bioavailability. A cross-over study conducted jointly by the Departments of Clinical Pharmacology at the Montreal General Hospital and at Ayerst Laboratories determined that the bioavailability of PENBRITIN was greater than that of two other lots of supposedly "equivalent" ampicillin.

Weigh PENBRITIN in terms of quality. PENBRITIN is the original Canadian brand of ampicillin and is backed by an impressive bibliography. Years of reliability have established PENBRITIN as an ampicillin of unparalleled predictability and effectiveness. When you specify *"Penbritin — do not substitute"* on your prescription, you assure your patient of the Ayerst brand of ampicillin, manufactured under the most rigid and carefully supervised quality control procedures.

Weigh PENBRITIN in terms of cost. After nine major price reductions in seven years, your patients pay little or nothing more for a PENBRITIN prescription than they would for most other brands, including "generics".

So, specify the "heavyweight" — PENBRITIN — Canada's most widely prescribed ampicillin.

MEMBER
PMAC

Made in Canada by arrangement with BEECHAM INC.

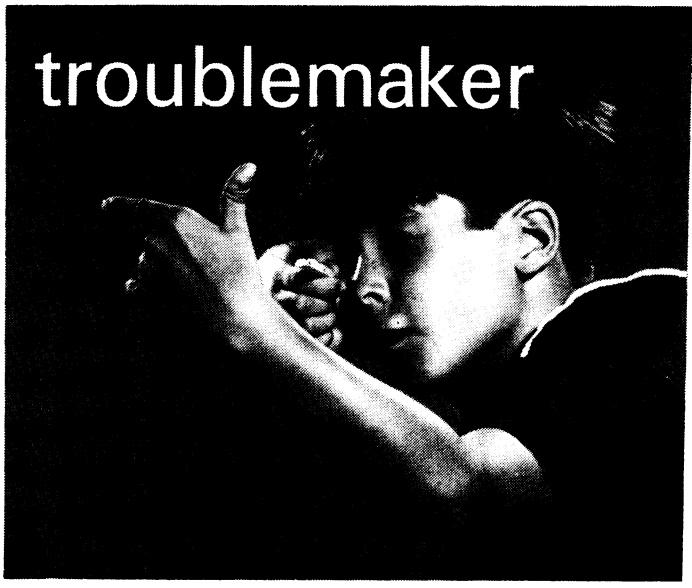
References and complete prescribing information available on request.

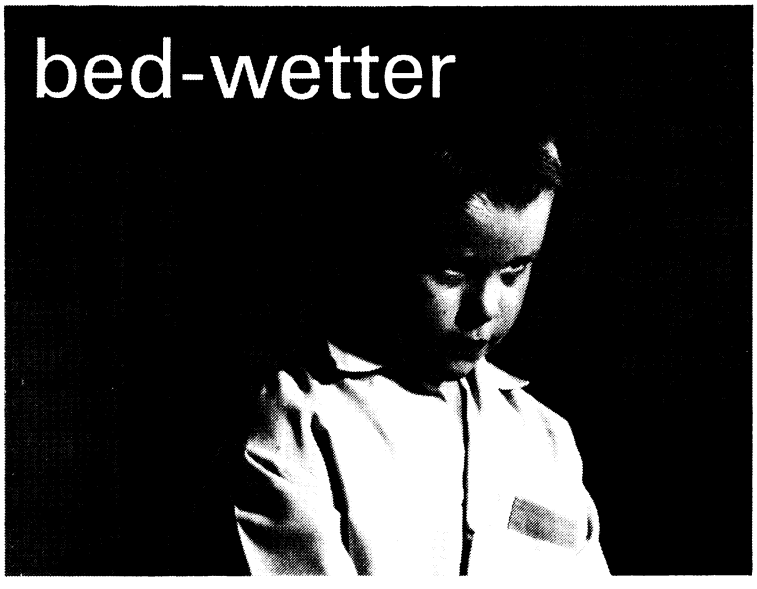
*Reg'd

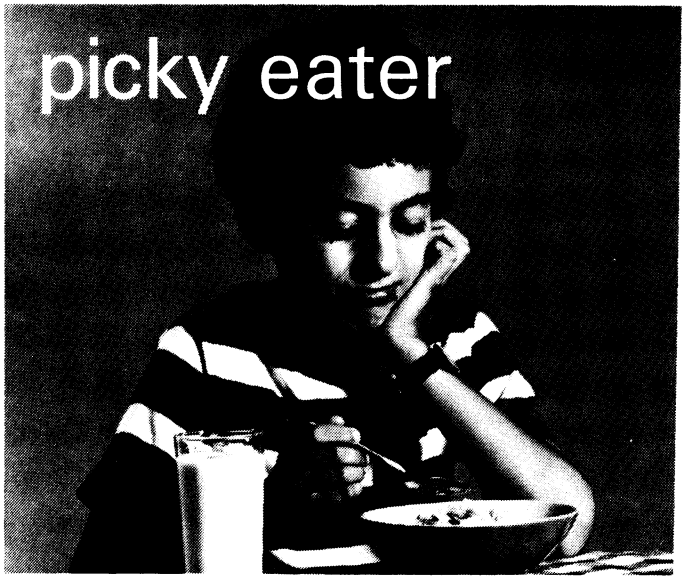
Penbritin* **Ayerst** Quality has no substitute

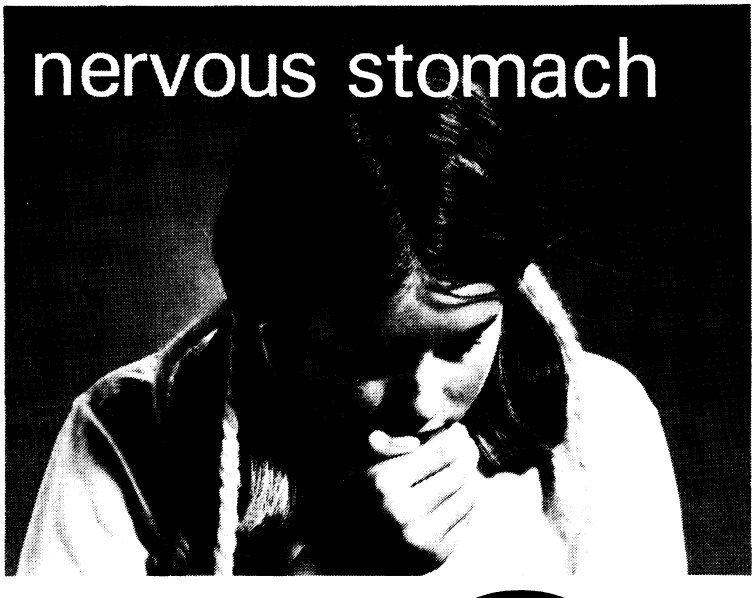
AYERST LABORATORIES division of Ayerst, McKenna & Harrison Limited, Montreal, Canada

problem child or child with a problem ?







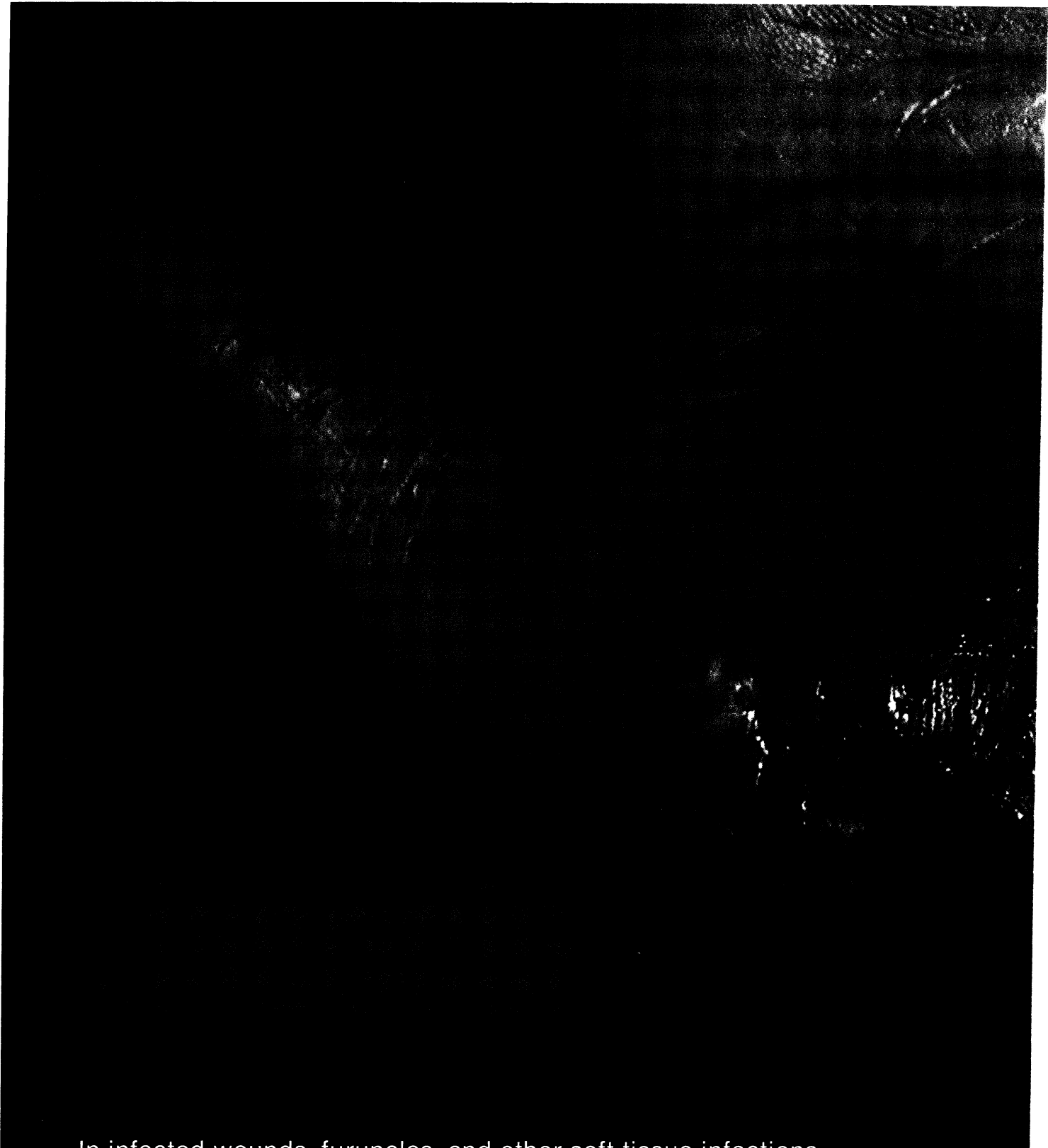


atarax

Pfizer **PHARMACEUTICAL DIVISION**
50 PLACE CREMAZIE, MONTREAL 351, QUEBEC

SUPPLY: CAPSULES: 10, 25, 50 mg; SYRUP: 10 mg/5 ml hydroxyzine HCl. **DOSAGE:** ADULTS: Up to 100 mg. q.i.d. CHILDREN: Under 6 years: 30-50 mg. Over 6 years: 50-100 mg. Daily, in divided doses. **CONTRAINDICATIONS:** Not indicated in early pregnancy. **PRECAUTIONS:** Possible potentiation of meperidine, opiates, barbiturates, alcohol and other CNS depressants must be considered. Although therapeutic benefits are reported in epileptics on Atarax, in rare cases increase liability to seizures is observed; also involuntary motor activi in hospitalized patients on high dosages of the drug. **SID EFFECTS:** No serious side effects reported. Drowsiness some patients, but usually transitory. Possible dryness of mou at higher dosages. Atarax is also available in I.M. solution. *Full prescribing information on request.*

*Trademark — Authorized User



In infected wounds, furuncles, and other soft tissue infections, Lincocin delivers the antistaphylococcal activity needed to rapidly control the immediate lesion and help prevent progression to more extensive sites of involvement. Promptly absorbed, a single I.M. injection of Lincocin peaks in the serum in 30 minutes. When given orally, Lincocin peaks in the serum in 2–4 hours. Subsequently, Lincocin penetrates and achieves high anti-bacterial concentrations in areas where it counts–soft tissue, skin and bone. And, Lincocin is well tolerated–hypersensitivity reactions are rare and it is not cross-allergenic with the penicillins.

Unlike ordinary tetracyclines, Vibramycin (doxycycline) can be used at normal dosage in patients with renal impairment. The other precautions and contraindications to tetracycline therapy should be observed. Consult product monograph (available on request) or Compendium for complete details on side effects and prescribing information. **Dosage:** First day — two 100 mg. capsules taken together. Thereafter: one 100 mg. capsule every 24 hours. Severe infections: Repeat first day dosage throughout course of therapy. N.B. VIBRAMYCIN SHOULD BE TAKEN WITH OR AFTER FOOD. **Availability:** Vibramycin (doxycycline) — 100 mg. capsules (blue) in unit-dose four-day treatment package (Scripak)* and bottles of 50,25 mg./5 ml. raspberry flavoured oral suspension 50 ml. I.V. — vials, 100 mg. (sterile powder) *Trademark — Authorized user.

Pfizer

Great expectorants for a dickens of a cough.

DIMETANE® EXPECTORANT
Each 5 cc. contains:

Dimetane® (brompheniramine maleate)	2 mg.
Glyceryl guaiacolate	100 mg.
Phenylephrine hydrochloride	5 mg.
Phenylpropanolamine hydrochloride	5 mg.
Alcohol 3.5%	

Ⓝ DIMETANE® EXPECTORANT-DC
Same formula as Dimetane Expectorant plus Dihydrocodeinone Bitartrate 1.8 mg.

For complete prescribing information consult produc literature or the Compendium.

A·H·ROBINS

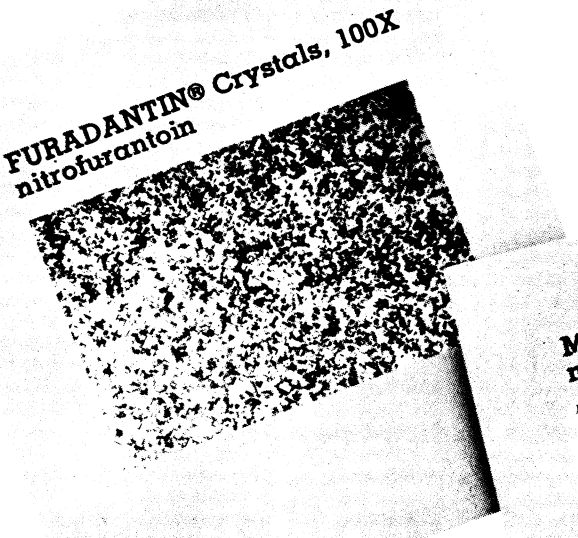
A. H. Robins Company of Canada, Ltd.
Montreal, Quebec

The big difference in nitrofurantoins

MACRODANTIN*

(nitrofurantoin macrocrystals)

Capsules



Less Nausea:

Unique controlled large crystal size provides appreciably increased gastrointestinal tolerance with all the advantages of a proven antimicrobial in the control of urinary tract infections—(pyelonephritis, pyelitis and cystitis—due to susceptible organisms).

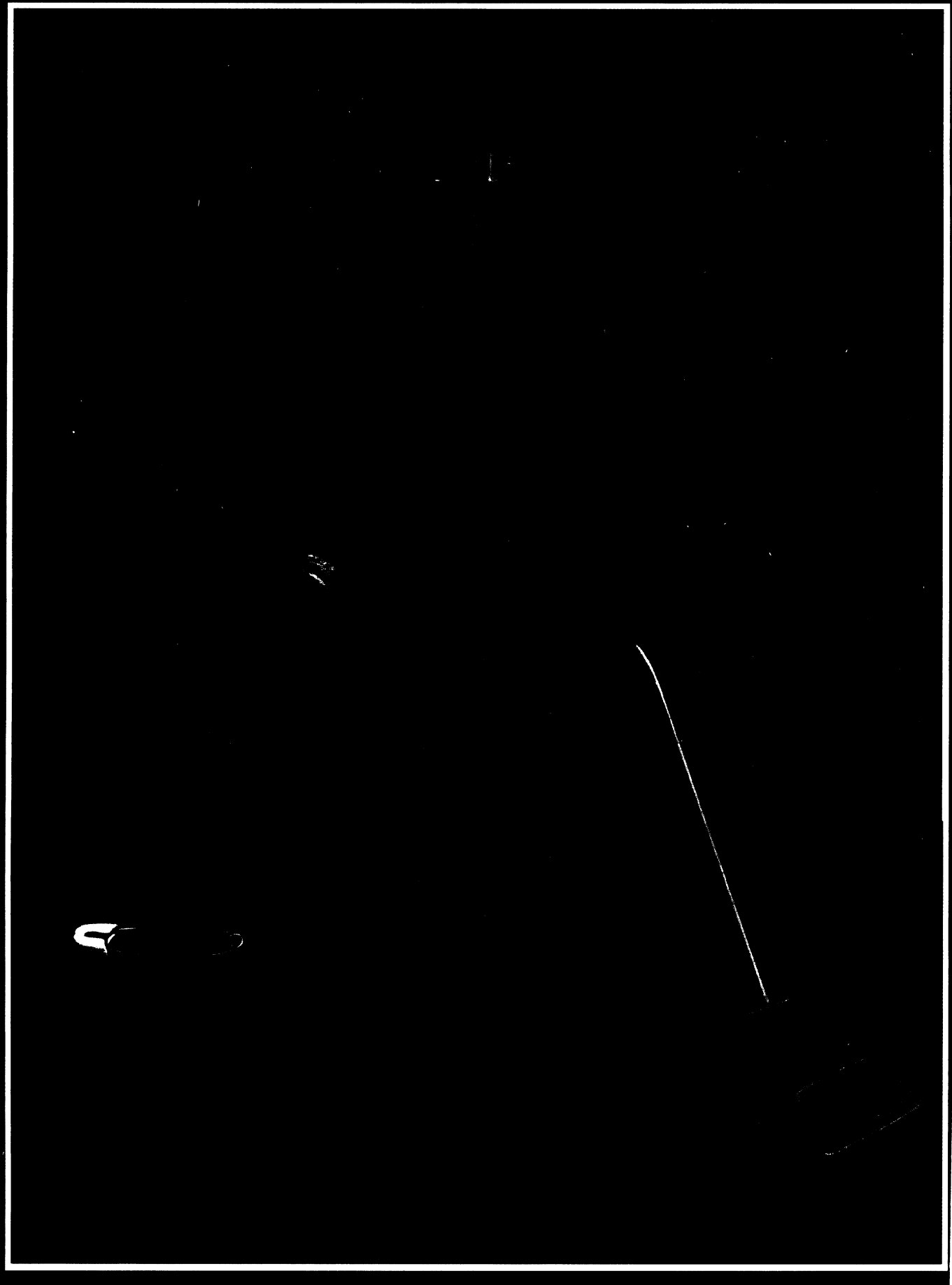
There is only one macrocrystal nitrofurantoin...MACRODANTIN...and only EATON makes it.

When you prescribe Macrodantin, you do so with the knowledge that it is backed by the reputation of a major, experienced pharmaceutical company where *pride of discovery* provides the vital assurance of continuing product dependability.

Complete prescribing information available on request.

® Originators and Developers of the Nitrofurans
EATON LABORATORIES
Division of Norwich Pharmacal Company Ltd.
Paris, Canada.

*Trademark



Etrafon: when depression is accompanied by anxiety

Tofranil® 25mg in childhood enuresis ...because it's more than an antidepressant

Tofranil is the most widely prescribed pharmaceutical agent in nocturnal enuresis

Tofranil is effective in about 80% of cases as confirmed through placebo controlled studies

Tofranil allows freedom from excessive stimulation and subsequent sleeplessness

Tofranil is free from excessive sedation allowing normal sleep and a sensitivity to the stimulus of a full bladder

Tofranil dosage:

age 5-9 years, 25 mg at bedtime

10 years and over, 50 mg at bedtime

Brief Prescribing Information
Tofranil® Geigy
Antidepressant/Anti-Enuretic

Indications
1 *Depression:*
Neurotic or psychotic depressions including:
reactive depression,
endogenous depression,
involutional melancholia,
senile depression,
the depressive phase of manic-depressive psychosis,
depression associated with organic diseases,
depression associated with other psychiatric disorders
(i.e.: schizophrenia, alcoholism, mental deficiency)
2 *Persistent functional childhood enuresis*

Dosage
The following dosage recommendations should be used as a guide.
Depression
Except in elderly patients, adolescents or children: one tablet (25 mg) three times daily initially, increased up to six tablets daily, if necessary. Dosage in excess of eight tablets (200 mg) daily is not recommended for office patients. More severe and hospitalized cases may require up to 300 mg daily. In elderly patients and adolescents: 30-40 mg daily, initially, increased by 10 mg daily to a maximum of 100 mg in the elderly.
Enuresis
For persistent, functional enuresis which has not responded to other forms of management, a therapeutic trial with Tofranil may be considered for children between 5 and 15 years old, who are not mentally defective, and in whom organic causes of enuresis have been excluded. The recommended dosage for such a trial is 10-25 mg one hour before bedtime for children 5 years or over. If there is no response, the dosage may be increased up to 50 mg, in children 12-15 years old. The trial period should be 2-4 weeks.
If there is a relapse, the treatment can be repeated but the drug should not be given for more than two months without discontinuing its administration and assessing the need for further drug therapy. Because the margin of safety is lower in children, the recommended dose should not be exceeded and the minimum effective dose should be used at all times. Tofranil is not otherwise recommended in children.

Contraindications
Concurrent use of monoamine oxidase inhibitors is an absolute contraindication. Two weeks should elapse before Tofranil is prescribed for patients who have received MAOI drugs.

Precautions
Utmost caution is recommended when Tofranil is used in patients with coronary thrombosis, angina pectoris, congestive heart failure, disorders of cardiac rate or rhythm or conduction, prostatic disorders with potential urinary retention, and glaucoma. If any patient develops fever, sore throat, and stomatitis, the drug should be discontinued and a complete differential white cell count performed.
As with any drug, Tofranil should not be used during the first trimester of pregnancy unless in the opinion of the prescribing physician, the potential benefits outweigh the possible risks.

Side Effects
Most are related to its pharmacological anticholinergic action, such as, xerostomia, disturbances of accommodation, tachycardia, constipation and sweating. Some cases of hypotension and changes in atrioventricular conduction time have been reported. Although rare, tremor, skin rashes and blood dyscrasias may occur.

Availability
Each coral sugar-coated round tablet branded Geigy in white, contains 25 mg imipramine HCl Geigy Standard. In bottles of 100 and 1,000.
Also supplied in 10 mg triangular and 50 mg round, coral sugar-coated tablets branded Geigy in white. Available in bottles of 50 and 500.

Full information is available on request.

Geigy
Dorval 780, Que.

G-2588-72-R

When her anorexiant makes her "feel good" before she loses weight, that is called a side effect.

To the overweight patient who may be unhappy both with her weight and with the need to follow a medically prescribed regimen, the stimulation and mood elevation that can accompany some anorexiants may *seem* desirable.

However, it's important for the patient's physician to remember that, in an anorexiant, both mood elevation and stimulation are *side effects*—side effects which heighten the possibility of dependency.

The next time an anorexiant is indicated, prescribe the one without amphetamine-like side effects. Prescribe fenfluramine—the *only* non-stimulating anorexiant. And give it with what your patient *really* needs to "feel good": your reassurance and understanding.

Take a few minutes to let your patient know what you expect—and what *she* should expect. And explain that, while Pondimin can be an effective aid in maintaining her diet, it provides none of the stimulating side effects of some amphetamine derivatives, so it may be taken t.i.d. to maintain all-day effectiveness, usually without keeping her awake at night.

It's good to know, too, that non-stimulating Pondimin can help control teen-age appetites without aggravating adolescent emotions, and can even be used in cases when obesity is accompanied by co-existing mild hypertension.

So when she needs to lose weight, remember the help that only you can give. And prescribe non-stimulating Pondimin. Taken with understanding, it can help her "feel good" the only way an anorexiant should: by helping her follow her diet.

Pondimin®
(fenfluramine hydrochloride)
The non-stimulating anorexiant

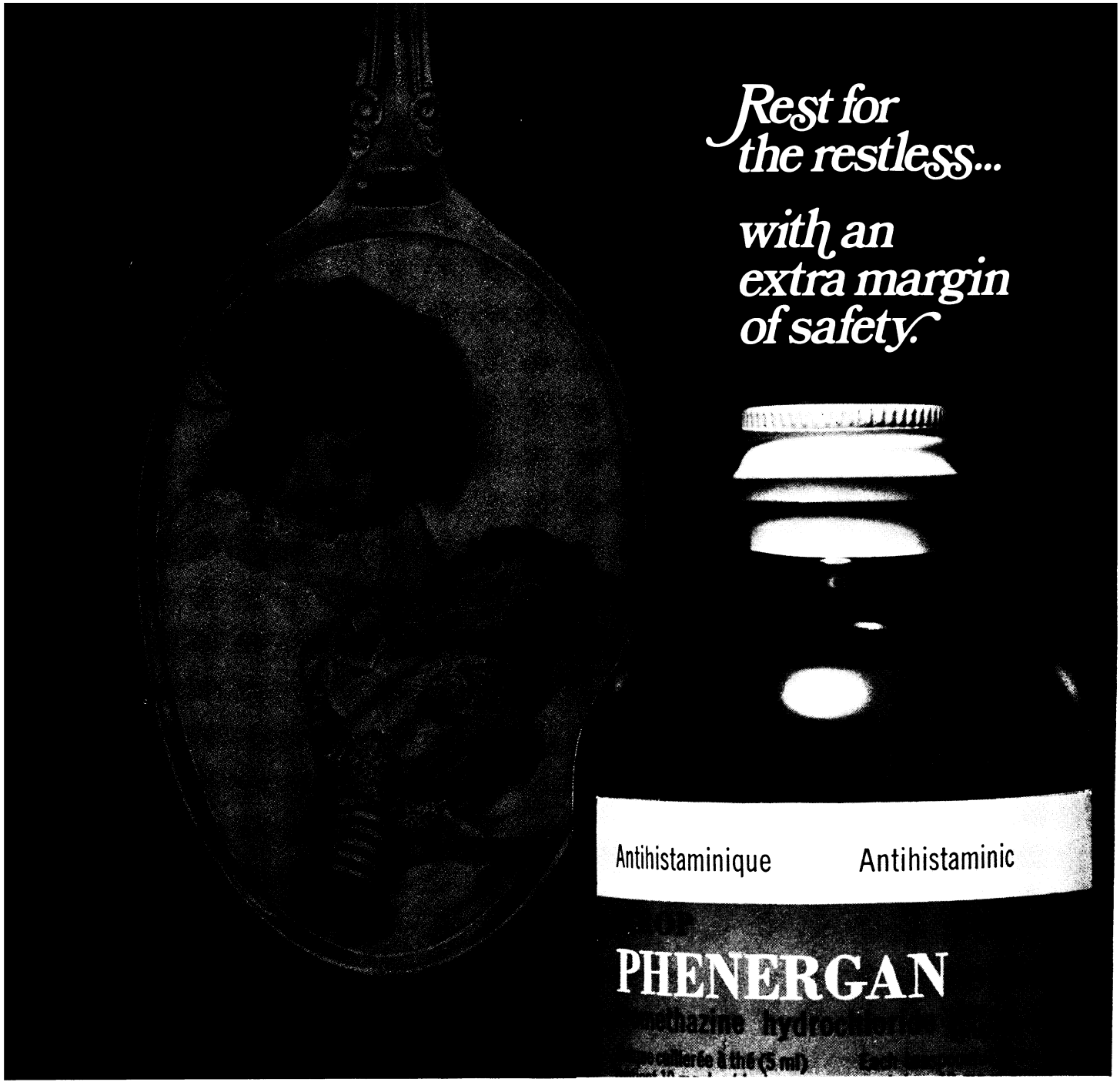
A·H·ROBINS

A. H. Robins Company of Canada, Ltd., Montreal, Quebec

Pondimin® brand of fenfluramine hydrochloride is available in 20 mg. compressed tablets in bottles of 100 and 500.

INDICATIONS: As a short-term adjunct in the medical management of exogenous obesity. **CONTRAINDICATIONS:** Glaucoma, hypersensitivity to fenfluramine, or concurrent administration of MAO inhibitors. Not recommended for use in pregnant women. **WARNINGS:** As with other anorexiants, organic causes of obesity should be excluded before Pondimin is prescribed. Pondimin should not be used instead of appropriate psychopharmacological agents in patients with emotional disorders. Physical and psychological dependence have not been reported with Pondimin. However, caution must be exercised with individuals known to be addiction-prone or whose histories suggest that they may increase dosage on their own initiative. **PRECAUTIONS:** Pondimin may be used with caution in patients with mild hypertension; it should be given with great caution, if at all, to patients with severe hypertension, acute coronary artery disease, or thyrotoxicosis. Because of the drug's potential to produce mild to moderate drowsiness, the patient's individual response should be assessed before he engages in activities requiring alertness. Pondimin may potentiate other drugs with CNS action. **SIDE EFFECTS:** Drowsiness, dizziness, diarrhea, frequent urination, nausea, and dryness of the mouth may occur in some patients. **DOSAGE:** Therapy with Pondimin should be initiated with a dosage of one 20 mg. tablet three times daily an hour before meals. If a satisfactory anorexiant effect is not obtained and toleration has been good, dosage may be incremented by one tablet daily at weekly intervals until a maximum dosage of two tablets t.i.d. is attained. If a satisfactory effect is not obtained, the maximum recommended dose should not be exceeded in an effort to achieve the desired effect.

Product monograph available on request.



For more than a generation Phenergan has been comforting children with otitis media, colic, chicken pox and other illnesses . . . helping them get the rest they need.

Phenergan (a dependable antihistamine, too) is particularly valuable when allergy troubles the child's sleep.

Unlike barbiturates, Phenergan provides gentle, predictable sedation with virtually no risk of respiratory depression.

And Phenergan costs no more than barbiturates.

PRECAUTIONS: In case of vomiting, etiology should be established before using Phenergan, as its antiemetic action may mask symptoms of intracranial pressure or intestinal obstruction. Full information upon request.

PHENERGAN Syrup/Tablets
promethazine

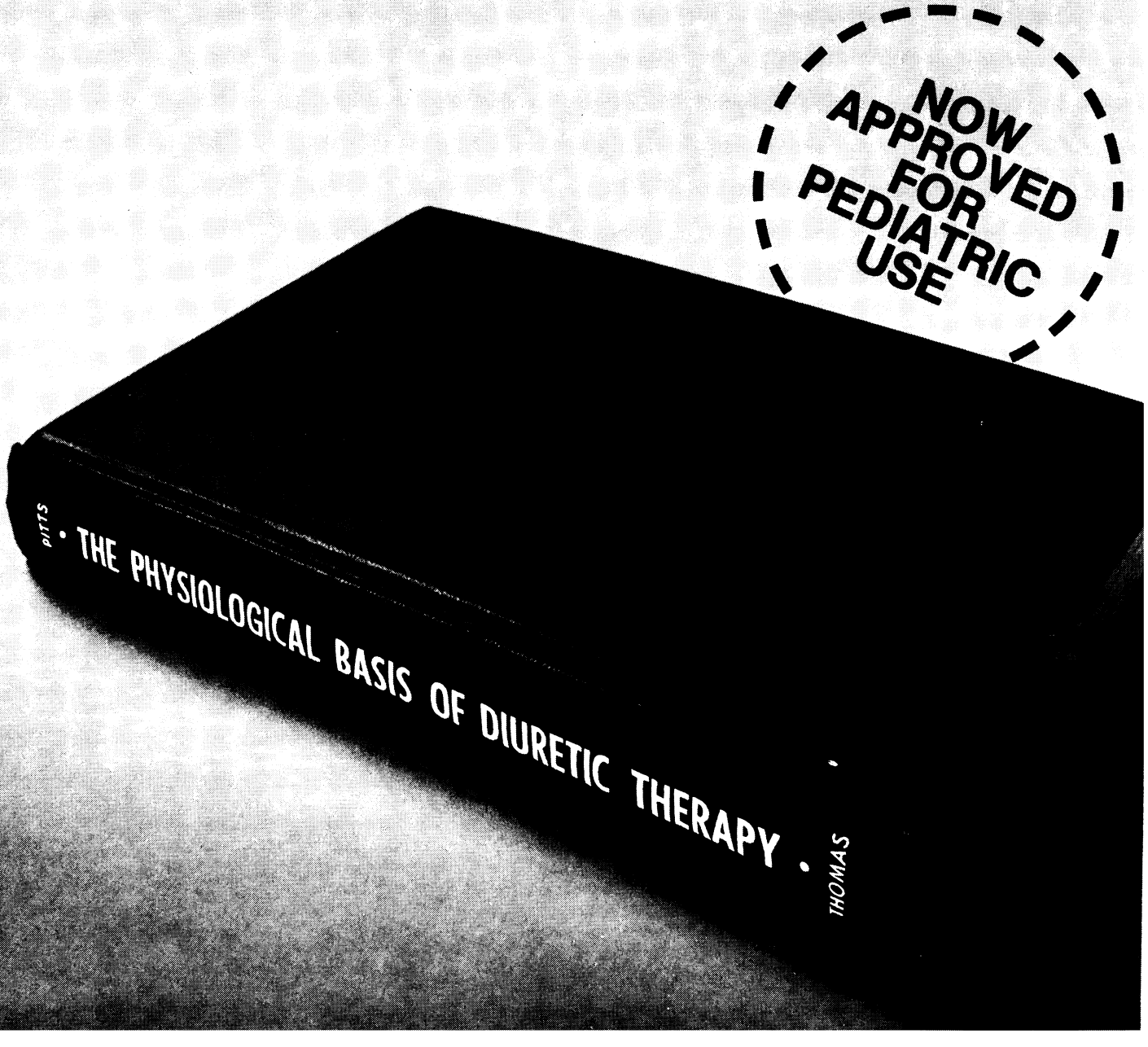
The gentle sedative with an extra margin of safety.

Poulenc

MEMBER PMAC

When this book was published the ideal diuretic did not exist...

". . .there is reason to believe that compounds or combinations of compounds having these properties may eventually be found. Until they are, the practitioner must employ, as best he can, the agents at his disposal."[1]



Then Hoechst discovered Lasix®!

The ideal diuretic should have the following properties:	**Lasix has the following properties:**
1 *"It should be potent, causing adequate diuresis and loss of weight in even the most severely ill patient, irrespective of the nature of his disease.*	1 Lasix is potent enough to treat any edematous case, irrespective of the etiology of the condition[2,3]; but because of its accurate dose-response relationship, Lasix can be administered in mild and moderate cases.[4,5,6,7]
2 *"It should cause the excretion of sodium, potassium, chloride, and bicarbonate ions and water in the proportions in which they exist in extracellular fluid; it should cause no electrolyte imbalance due to the preferential excretion of one or another ion.*	2 The excretion of ions with Lasix occurs in the proportions in which they exist in the extra-cellular fluid.[8] The urine is physiological and hypotonic.[4,8,9] **Table 39-2. URINARY ELECTROLYTE COMPOSITION DURING DIURESIS[8]** Data are representative of results that would be observed in man or dog during normal hydration and acid-base balance. Such findings are readily reproducible during the peak of diuresis and following a single maximally effective dose. However a significant range of urinary values may be anticipated; a single value is given here solely to facilitate comparison of one drug to another. Excretion rates are obtainable as the product of urinary volume and composition.
3 *"It should be active when used repeatedly; tolerance should not develop.*	3 Lasix has a predictable response[10,11] and no tolerance should develop when administered at a proper dosage.[3]
4 *"It should be active on oral administration.*	4 Lasix is active on oral, intravenous and intramuscular administration.[9,12]
5 *"A single dose should induce a relatively prompt diuresis.*	5 Diuresis occurs within 40 to 60 minutes after a single oral dose of Lasix and lasts from 4 to 6 hours.[6,13]
6 *"It should be non-toxic even when given repeatedly over long periods of time."*[1]	6 Lasix is remarkably free of side effects[5,12,14]; it has been used at high dosage,[3] and for extended periods of time without any harmful effects.[5,9,10,12] Lasix is less diabetogenic than the thiazides[15] and does not impair renal function.[4,5,16,17]

	VOLUME (*ml/min*)	pH	Na^+	K^+ (*mEq/l*)	Cl^-	HCO_3^-
Control	1	6	50	15	60	1
Benzothiadiazides (thiazides)	3	7.4	150	25	150	25
FUROSEMIDE	8	6	140	10	155	1

Some diuretics have some of these properties, but only since the introduction of Lasix does the medical profession have a diuretic with all these properties.

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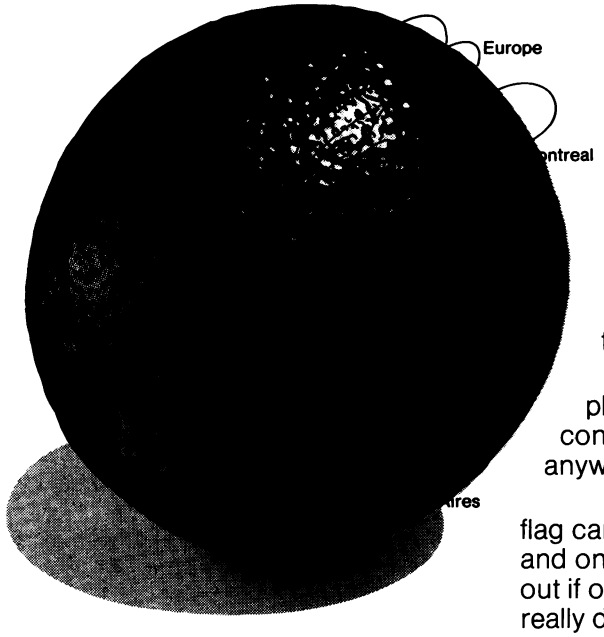
Lasix

the ideal diuretic

HOECHST

1056/7073/E

The orange Orient. How sweet it is.



Imagine yourself in the ornately painted halls of Nijo Castle where the shoguns held sway over feudal lords. Or bargaining for ivory carvings in Hong Kong.

Imagine, too, the Temple of the Emerald Buddha and the floating markets of Bangkok. Or visiting the tea houses on Tokyo's fascinating Ginza.

This is no dream.

This is CP Air's orange Orient.

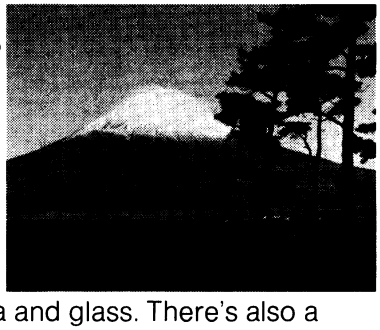
Which includes vacation packages such as our Gems of the Orient.

Come with us aboard our big, beautiful orange jet, on a Gems of the Orient Vacation and discover Tokyo, Kyoto, Osaka, Taipei and Hong Kong, with guides who know what a Canadian wants to be shown, and what you'll enjoy discovering for yourself.

We'll also book you in hotels that offer accommodations you are accustomed to. And all the while, you'll know that we're as near as the phone.

Besides our easy time-payment plan, we offer the fastest, most convenient service to the Orient from anywhere in Canada.

(In fact, we're the only Canadian flag carrier offering service across Canada and on to the Orient. So now you can find out if our Executive Jet service in Canada really deserves its fame.)



And on your non-stop flight from Vancouver to Tokyo, we'll serve you international cuisine twice during the flight on beautiful china and glass. There's also a wide selection of fine wines available at a nominal cost.

All of which is served to you by our well-trained, multi-lingual cabin attendants, who are some of the most friendly and skillful people in the sky.

Call CP Air or your travel agent for a taste of Oriental delights.

And have it sweetened with an orange.

Orange is Beautiful. **CP Air**

If research

produced a Topical
Corticosteroid
that proved

economical
because it was more effective–

in a base
that allowed more
rapid release
of the steroid

could be used
on wet
or dry lesions

was free from
preservatives

and all
in a single
formulation–

would probably be called a major breakthrough
in the treatment of
Steroid-Responsive
Dermatoses

We call it Lidex

Fluocinon[illegible]PG base
a new corticosteroid developmen[illegible]ew vehicle concept
A unique steroid/base delivery system consistently superior to existing compounds
effective in acute or chronic dermatoses
effective in chronic, resistant dermatoses
can be used on weeping or dry lesions
contains no sensitising lanolins or parabens

Lidex
To initiate therapy

15 g

45 g

120 g

Lidex Mild
For maintenance therapy

20 g

60 g

454 g

Abridged Prescribing Information*
Indications: for topical use in management of corticosteroid responsive dermatoses.
Contraindications: tuberculous, fungal and most viral lesions of the skin – in individuals with a history of hypersensitivity to its components. Not for ophthalmic use.
Precautions: should sensitivity occur, the agent should be discontinued. In the presence of infection, the use of an appropriate antifungal or antibacterial agent should be instituted. Not presently recommended for occlusive therapy. Should not be used extensively on pregnant patients, in large amounts, or for prolonged periods of time.
Adverse Reactions: on rare occasions, some local burning, irritation or itching.
Dosage: a small amount applied two to four times daily.
Availability: Lidex (fluocinonide 0.05% in FAPG base) – 15 g, 45 g and 120 g tubes.
Lidex Mild (fluocinonide 0.01% in FAPG base) – 20 g and 60 g tubes and 454 g jars.
* Monograph on request

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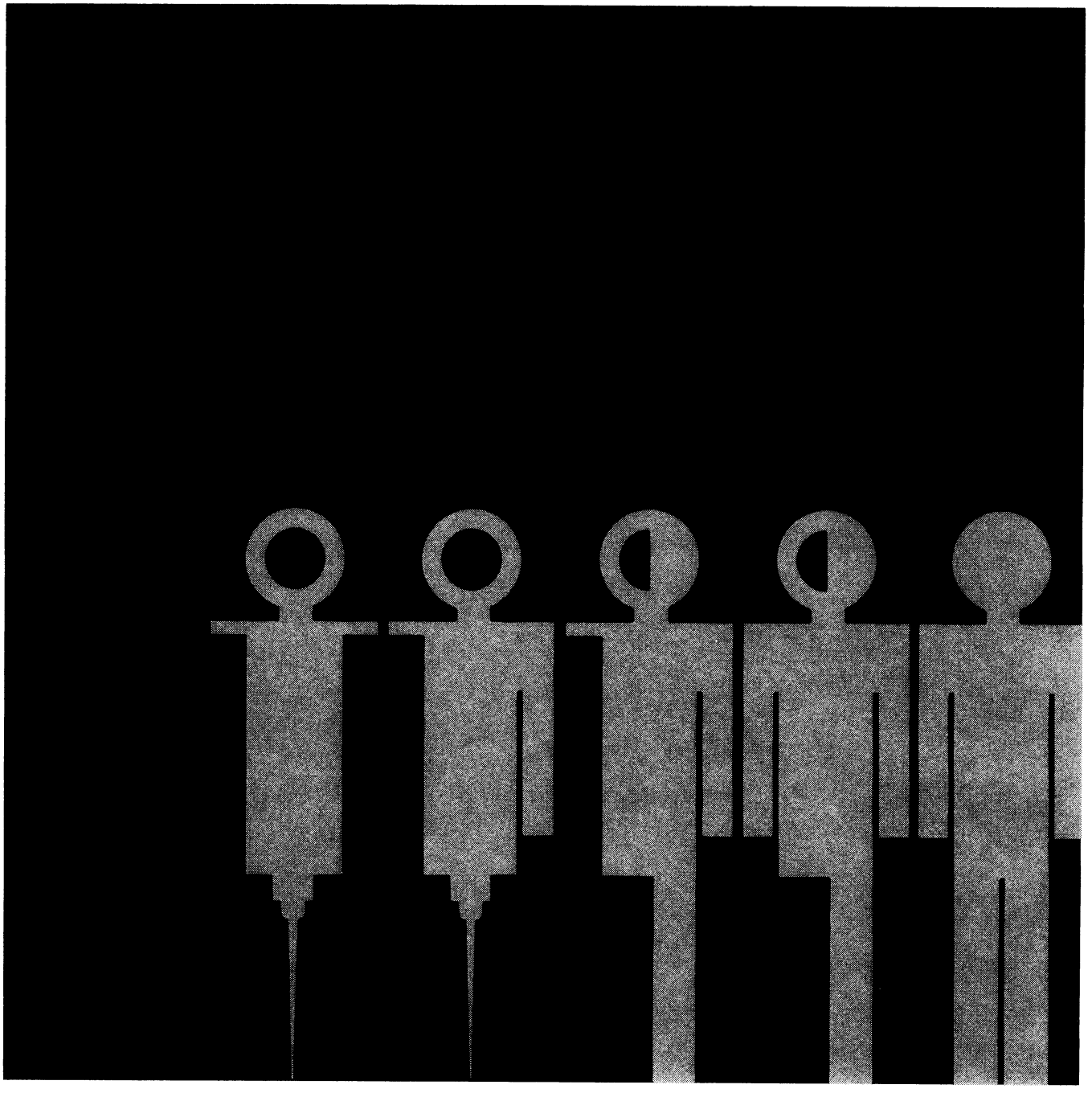
SYNTEX
Syntex Ltd.
Montreal, Quebec



Duracton®

(Long Acting ACTH)

The length of action of DURACTON varies according to the dose. The response to 60-80 units generally lasts several days. Its action stimulates the functioning of the adrenal cortex to produce and secrete all its steroids. Contrary to corticosteroids which depress adrenal function and cause adrenal atrophy, ACTH stimulates the adrenal cortex and keeps it alive and functioning. This fact is the basis for using ACTH to treat or counteract the adrenal insuficiency induced by corticosteroids. Each ml contains ACTH 40 U.I. + carboxymethylcellulose. Bibliography, complete information and clinical samples will be sent on request. ***Contraindications:*** Glomerulonephritis, psychosis, Cushing's syndrome, active peptic ulcers, T.B. active or recently healed. ***Overdosage and Side Effects:*** Sodium retention, potassium insufficiency may conceal infection; rounding of the face. In such cases the dosage should always be reduced. The seriousness of side effects must sometimes be weighed against the benefits of continued treatment.

NORDIC Biochemicals Ltd.
Toronto Ontario

Questions physicians

ask about Garamycin Injectable

SCHERING

Dosage guidelines in serious surgical infections – IM/IV

Is it always necessary to adjust dosage to the patient's weight?

A

No. While the basic daily dosage of GARAMYCIN Injectable, as recommended in the Product Monograph, is 3 mg/kg/day, administered in three equal doses, many busy physicians prefer to use an average dose.

A new, simplified dosage guideline is provided in recently revised GARAMYCIN Injectable labeling which assures adequate serum levels.

This new dosage, in patients with normal renal function, is easy to calculate and easy to remember. Adults weighing 132 pounds (60 kg) or less should receive 1,5 ml (60 mg) every eight hours. Adults weighing more than 132 pounds should receive 2 ml (80 mg) every eight hours. In children and infants and patients with impaired renal function, dosage should be adjusted in accordance with instructions set forth in the Product Monograph. Use in newborns is limited to life-threatening infections.

Can GARAMYCIN Injectable be administered intravenously?

A

For intravenous use dilute a single dose (1 mg/kg) in 100 or 200 ml of sterile normal saline (or sterile dextrose 5% in water); infuse over a period of 1-2 hours. The concentration of GARAMYCIN in solution should not exceed 1 mg/ml (0,1%).

Indications

Is GARAMYCIN Injectable indicated only in gram-negative infections?

A

GARAMYCIN Injectable is indicated in gram-negative infections of hospital-level intensity. It may be considered an antibiotic for initial therapy in suspected as well as documented gram-negative septicemia because of its broad gram-negative spectrum and its established clinical efficacy. GARAMYCIN Injectable has also been shown to be effective in serious staphylococcal infections. It may be considered in those infections when penicillins or other less potentially toxic drugs are contraindicated and bacterial susceptibility testing and clinical judgment indicate its use.

Can GARAMYCIN Injectable be used in children?

A

Yes. The dosage of GARAMYCIN Injectable in children is the same as the adult dosage schedule. Dosage according to weight is generally considered preferable, i.e. 3 mg/kg/day.

Resistance

Has bacterial resistance to GARAMYCIN Injectable become a problem?

A

Not to date. There is evidence that cross resistance between gentamicin and aminoglycoside antibiotics may occur. GARAMYCIN may be active against clinical isolates of bacteria resistant to other aminoglycosides. Conversely, organisms resistant to GARAMYCIN may be sensitive to other aminoglycoside antibiotics.

Garamycin Injectable

Now available for intravenous administration.

Garamycin is now available for intravenous administration where indicated... same dosage range as for intramuscular injection. Consider Garamycin as initial therapy in suspected as well as documented gram-negative septicemia, or in imminent development of septicemia from serious respiratory or urinary tract infections, or wounds and burns complicated by sepsis... because of its broad gram-negative spectrum, its value in selected staphylococcal infections and its established clinical efficacy.

GARAMYCIN Injectable (40 mg (base)/ml)
GARAMYCIN Pediatric Injectable (10 mg (base)/ml)

INDICATIONS:
GARAMYCIN is indicated in the treatment of serious infections caused by proven susceptible organisms.
In suspected or documented gram-negative septicemia, particularly when shock or hypotension are present, GARAMYCIN should be considered for initial antimicrobial therapy. In staphylococcal infections, GARAMYCIN should be considered when conventional antimicrobial therapy is inappropriate or when susceptibility testing and clinical judgment indicate its use.

ADMINISTRATION AND DOSAGE:
INTRAMUSCULAR/INTRAVENOUS†† ADMINISTRATION:

A. Urinary Tract Infections
The usual dosage in lower urinary tract infections is 0,8–1,2 mg/kg/day in two or three equally divided doses for seven to ten days. For increased antibacterial activity it may be advantageous to alkalinize the urine. Infections of the upper urinary tract, such as pyelonephritis, should be treated according to one of the schedules for systemic infections.

B. Systemic Infections—Normal Renal Function
The treatment of systemic infections in patients with normal renal function requires a dosage of 3 mg/kg/day in three equally divided doses. A course of seven to ten days of treatment will usually clear an infection due to a susceptible organism. In patients with life-threatening infections, dosages up to 5 mg/kg/day should be administered in three or four equally divided doses. This dosage should be reduced to 3 mg/kg/day as soon as clinically indicated.

C. Patients with Impaired Renal Function
In patients with diminished renal function or those undergoing intermittant hemodialysis, the dosage has to be adjusted depending on the degree of renal impairment.

For detailed information consult the product monograph or the Schering Representative.

††INTRAVENOUS ADMINISTRATION
The usual effective dosage of GARAMYCIN Injectable administered intravenously is 3 mg/kg/day in three equally divided doses.
For intravenous administration, a single dose (1 mg/kg) of GARAMYCIN Injectable is diluted in 100-200 ml of sterile normal saline or 5% dextrose. The solution is infused over a period of one to two hours and repeated two to three times a day. The usual duration of treatment is seven to ten days.

PRECAUTIONS:

Ototoxicity:
Gentamicin, like other aminoglycosides, has produced ototoxicity in experimental animals and man. It is manifested by damage to vestibular function and may be delayed in onset. Damage has occurred in patients who were uremic, had renal dysfunction, had prior therapy with ototoxic drugs or received higher doses or longer therapy than those recommended. The concomitant use of ethacrynic acid and furosemide should be avoided. The physician should strongly consider discontinuing the drug if the patient complains of tinnitus, dizziness or loss of hearing. Serum GARAMYCIN levels in excess of 12 μg/ml should be avoided.

Nephrotoxicity:
Nephrotoxicity manifested by an elevated BUN or serum creatinine level or a decrease in the creatinine clearance has been reported with GARAMYCIN. In most cases these changes have been reversible.

Neuromuscular Blocking Action:
Neuromuscular blockage and respiratory paralysis have been reported in animals. The possibility of this occurring in man should be kept in mind particularly in those patients receiving neuromuscular blocking agents.

ADVERSE REACTIONS:
Among other adverse reactions reported infrequently and possibly related to GARAMYCIN are elevated SGOT, increased serum bilirubin, granylocytopenia and urticaria. Reactions reported rarely and possibly related to GARAMYCIN include drug fever, hypotension, hypertension, itching, hepatomegaly and splenomegaly.

OVERDOSAGE:
Peritoneal or hemodialysis will aid in the removal of GARAMYCIN from the blood.

PRESENTATION:
GARAMYCIN Injectable 40 mg/ml: GARAMYCIN Injectable is packaged in 2 ml multiple-dose vials containing 40 mg/ml of gentamicin base in aqueous solution at a pH of 4,5 for intramuscular/intravenous administration.
GARAMYCIN Pediatric Injectable 10 mg/ml: GARAMYCIN Pediatric Injectable is packaged in 2 ml multiple-dose vials containing 10 mg/ml of gentamicin base in aqueous solution at a pH of 4,5 for intramuscular/intravenous administration.
They are both heat stable and do not require refrigeration.

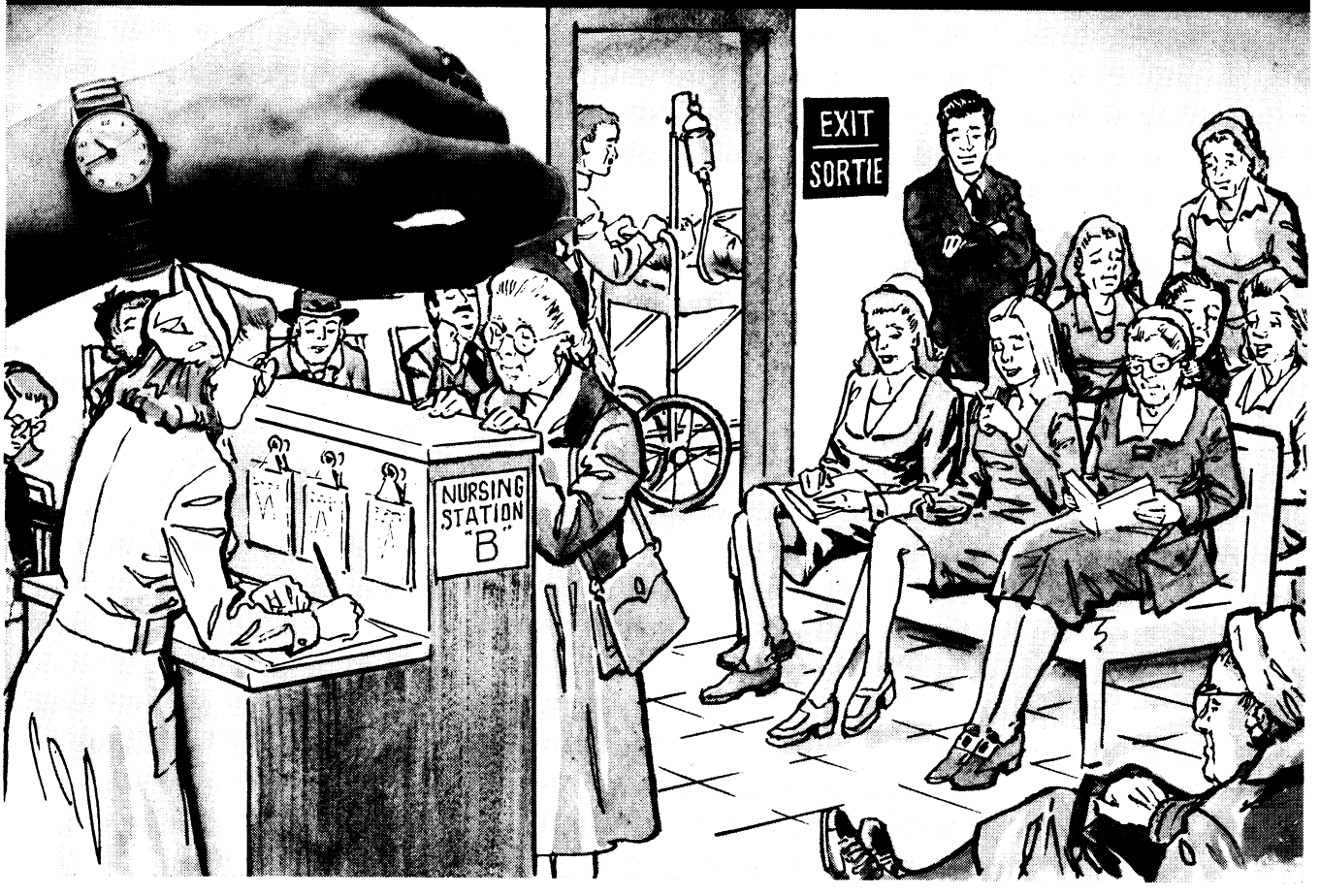
Full information and references are available on request from Schering Corporation Limited, Pointe Claire 730, Quebec.

Can we help with your questions about Garamycin Injectable, Doctor? If so, write to:
Medical Department
3535 Trans Canada Highway
Pointe Claire 730, Quebec.

MEMBER PMAC

Injectable IM/IV
Garamycin
(gentamicin sulphate)

2-hour wait or 2-minute answer?



If it's a blood glucose reading they're waiting for, you'll clear the waiting room faster with the Ames 2-minute test.

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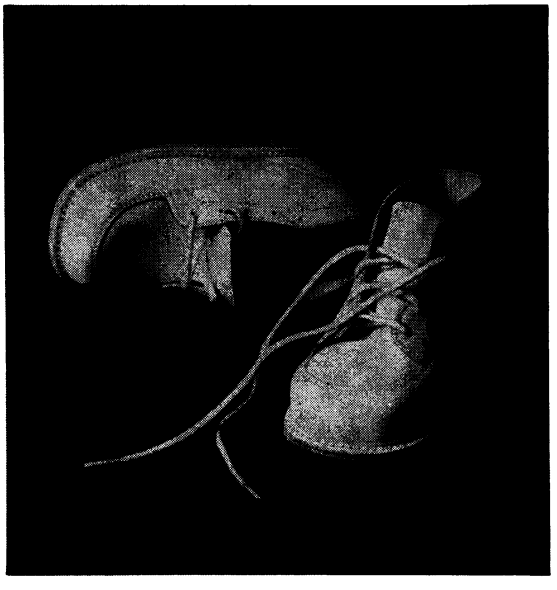

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The Publisher is constantly on the alert for misrepresentation in classified advertisements, but does not investigate the offers made and assumes no responsibility concerning them. The Publisher therefore urges all respondents to investigate thoroughly the opportunities in these pages before any commitments are made. We also reserve the right to decline or withdraw advertisements at our discretion. Cancellation of insertions originally ordered and processed cannot be accepted without three weeks' written notification.

The policy of The Canadian Medical Association Journal is to comply with the provisions of The Ontario Human Rights Code 1961-62 and advertisers are requested to observe the following requirement:

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C- 2 Courses
C- 3 Fellowships
C- 4 Locum Tenens Available
C- 5 Locum Tenens Wanted
C- 6 Miscellaneous
C- 7 Office Space
C- 8 Positions Vacant
C- 9 Positions Wanted
C-10 Practice
C-11 Residencies and Internships and other Classifications as required.

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COMPREHENSIVE PREPARATORY PROGRAMS for ECFMG, LMCC, FLEX, all stages and selected specialty Boards. Also individual counselling on physician's job opportunities in the U.S. and Canada. Contact: Postal Coaching Associates, P.O. Box 65-H, Scarsdale, N.Y. 10583, U.S.A.

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MEDICAL REPLACEMENT CENTRE is a service that arranges locum tenens, assistantships, and partnerships for family physicians looking for temporary replacement, or supplementary assistance. We select to your specifications. At present, we have physicians available who require fall and winter locums. For further information, telephone: Medical Replacement Centre (416) 757-3275, or write to: 2390 Eglinton Ave. East, Suite 225, Scarborough, Ont. M1K 2P5.

CANADIAN PHYSICIAN at present in England, 25 years experience, wishes to spend Christmas in Canada. Willing to take G.P. locums for 4-6 weeks starting December, in Southern Ontario. Car and accommodation for self and wife required. Reply to Box 393, CMA ournal.

NEW ZEALAND GRADUATE (1964) with extensive G.P. experience, desires 3 month G.P. locum. Available from April 1974. Write: Dr. Menzies, 55 Greencroft Gardens, London N.W.6., England.

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GENERAL PRACTITIONER — Coronach, Saskatchewan requires a general practitioner immediately for a minimum of 3 months. Fully equipped hospital, clinic, furnished/unfurnished house. Telephone collect: (306) 267-2233 Monday-Friday, or write to: P.O. Box 150, Coronach, Sask.

LOCUM REQUIRED for 2 months from mid-December, salary $1800 per month, car and accommodation supplied. Modern office — Disrict Hospital. One night on call in 9. Close to good skiing. Apply: Dr. G. R. Mosley, 945-3rd Ave. East, Owen Sound, Ont., telephone: 371-2291.

LOCUM TENENS REQUIRED in Central British Columbia from January to April 1974. Reply to Box 386, CMA Journal.

POSITIONS VACANT

ANESTHETIST, certificated or fellowship, required to join Department of University affiliated Hospital. Interest in teaching an advantage. Balanced work load involving all major surgical specialties, duties shared and liberal time off. Initial salary, view to partnership after 6 months. Write to: Chief of Anesthesia, Misericordia Hospital, 16940 - 87 Ave., Edmonton, Alta.

ANESTHETIST, certificated or fellowship, required to join 2 full-time anesthetists in a group practice of specialists and family physicians. Apply, giving full particulars to: Medical Director, Algoma District Medical Group, 240 McNabb St., Sault Ste. Marie Ont.

ANESTHETIST-GENERAL PRACTITIONER required for group in Central Saskatchewan city. Excellent year round recreational facilities. Good remuneration and opportunity for partnership if mutually agreeable. Apply: Prince Albert Medical Clinic, Prince Albert, Sask. S6V 3E9.

ANESTHETISTS FOR PEDIATRIC HOSPITAL, required either in private practice or academic department. Compensation comparable with other canadian provinces. Apply to: Dr. Cloid D. Green, Professor and Chairman of Anesthesia, Faculty of Medicine, Memorial Hospital of Newfoundland, St. John's, Nfld.

REGISTERED NURSE ANESTHETIST, certificated, required for expanding group. Salary depending upon qualifications and experience. Write resume to: Orange Anesthesia Services, P.C., 20 Orchard St., Middletown, N.Y. 10940, U.S.A.

DOCTOR WANTED for friendly community in southwest Saskatchewan; farming and ranching area; 13-bed Union Hospital serving population of approximately 3000; modern house and clinic facilities available; fishing, hunting, golf, etc. Please contact: Mrs. B. David, Administrator, Eastend Union Hospital, Eastend, Sask.

DOCTORS wanted for Southern Ontario clinic. Reply Box 883, CMA Journal.

PHYSICIAN PLACEMENT SERVICE

Physician Placement Service is a new Canadian Medical Association membership service amplifying the proven benefits of C.M.A. Journal classified advertising.

PPS is a valuable additional aid to physicians seeking permanent employment (provision of locum tenens is not included in this service) and a bonus for those advertising openings for permanent medical personnel.

PPS will match up physicians desiring permanent employment with openings listed in a master file. Similarly, the system will also search out suitable candidates for vacancies that occur.

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For further information contact C.M.A. Journal classified advertising or the C.M.A. Physician Placement Service, Box 8650, Ottawa, Ontario K1G 0G8.

DIRECTOR, SCHOOL OF REHABILITATION MEDICINE — The University of Alberta seeks applications from or nominations of well-qualified individuals to assume the Directorship. The School, working closely with professions in allied fields, currently has 300 undergraduates enrolled in clinically oriented programs in Occupational Therapy, Physical Therapy and Speech Pathology and Audiology. Plans for graduate programs. The Director is responsible for the overall coordination and development of teaching and research in the School, and for clinical work in cooperation with government and community agencies. Salary commensurate with qualifications and experience. Expected appointment date is July 1, 1974. Send applications or nominations before December 15, 1973, to: Dr. W. F. Allen, 3-12 University Hall, University of Alberta, Edmonton, Alta T6G 2J9.

DOCTOR with surgical training or experience required immediately for central Alberta town. Accredited hospital; congenial partner; position yielded $50,000 net in 1972. Instant success; no investment; no obligation; may dictate your terms regarding partnership. Reply to Box 384, CMA Journal.

DOCTORS (2) WANTED for Philip, South Dakota. We have a 20-bed hospital and 30-bed nursing home. We have one doctor and the need for 2 more. There are vast recreational opportunities, good hunting-grouse, wild turkey, pheasants, white-tail and mule deer and antelope. Scenic splendour is quick and easy to reach and there is a golf course. Fish grow big and plentiful. Your home can have plenty of room and there is no state income or state property taxes. South Dakotans longevity is second highest in the world. Come to Philip, South Dakota and live while you work! Reply to Box 394, CMA Journal.

FELLOW IN NEPHROLOGY — Applications are invited from medical graduates for a position as Fellow, available November 1973, in the Renal Unit of Victoria Hospital. Appointment will be for one year in the first instance, and the work will include participation in various research projects at both clinical and laboratory level. Fellow will also have clinical responsibilities and training in general nephrology and dialysis. The salary will be approximately $11,000 per annum. Enquiries to: Dr. A. L. Linton, Chief of Medicine, Victoria Hospital, London, Ont. N6A 4G5.

FAMILY PHYSICIAN required immediately for active family practice group in west suburban Toronto. Excellent working conditions; minimum salary $20,000. We also require a family physician to commence in July 1974. Reply, with particulars, to Box 383, CMA Journal.

FAMILY PHYSICIAN required for general practice to join 5-man clinic. Permanent position starting January 1974 or sooner. Modern 87-bed hospital. Good recreational and educational facilities; town population 15,000. Salary $2000 per month. Apply to: Emerson Medical Clinic, 3210 Emerson St., Terrace, B.C., telephone: (604) 635-7234.

FAMILY PHYSICIAN required to replace one doctor in 2-doctor group in expanding British Columbia interior community. Partnership in 6 months if compatible; opportunity to replace present senior doctor in 2-3 years; full privileges available in 60-bed hospital; attractive salary, holidays, time off, and call system. Reply to Box 390, CMA Journal.

FAMILY PHYSICIAN REQUIRED to join Ontario general practitioner. Minimum $33,000 annual guarantee but assistant paid a percentage of his gross so he would easily clear much more. Excellent home available; new hospital with full privileges; fishing, hunting, camping, curling, vacations, ample time off. Reply to Box 388, CMA Journal.

FAMILY PHYSICIAN REQUIRED to join group of general practitioners in Brampton, Ontario, 30 minutes from downtown Toronto. Relatively open hospital, full admitting and obstetrical privileges may be applied for. Remuneration by percentage. Write: Dr. T. E. Daglish, 118 Queen St. W., Brampton, Ont.

FAMILY PHYSICIAN required for well established 3-man group practice to replace leaving partner. Modern fully equipped office. The practice is located in Chatham, Ontario. Two General Hospitals, with full consultant staff. Telephone or write to: Dr. Otto S. Akkerman or Dr. Peter F. R. Smit, P.O. Box 788, Chatham, Ont., telephone: (519) 352-1250.

FAMILY PHYSICIAN WANTED to join 3 busy, well established medical practitioners in a Southwestern Ontario town of 4000. Modern hospital facilities available in town. Located in a medical-dental clinic with a dentist and pharmacist. New offices now completed for a fourth doctor. Salary or percentage arrangement desired, with a view to partnership if mutually acceptable. Reply to Box 365, CMA Journal.

FAMILY PHYSICIAN/ANESTHETIST as assistant for expanding group in medium sized Saskatchewan town close to U.S. border. 100 plus general hospital. Minimum salary $24,000. Partnership after one year if mtually compatible. Reply to Box 397, CMA Journal.

FAMILY PRACTITIONERS WANTED for geographically isolated places in Canada. A group-type practice in small hospitals in Newfoundland and British Columbia. An opportunity for service in the underdeveloped areas of Canada. Physicians needed for one year or longer and must have LMCC. Transportation costs, rent-free furnished accommodation, salary postgraduate training plan. Please contact: Dr. W. Donald Watt, The United Church of Canada, 6762 Cypress St., Vancouver 14, B.C.

FAMILY PRACTITIONERS — Active medical group of 38 doctors, 35 miles from Toronto, Ontario, requires additional full-time family practitioners. Liberal salary and fringe benefits and early opportunity for partnership. Please write to: Medical Director, Oshawa Clinic, 117 King St. East, Oshawa, Ont.

FAMILY PRACTITIONERS (2) wanted in rural Manitoba for unopposed practice. Excellent well equipped 70-bed accredited hospital presently served by 2 doctors. Doctors considered for partnership in one year. Good salary offered during association. Near National Park affording both winter and summer recreation. Good school and local amenities. Position now available. Reply with details, to Box 367, CMA Journal.

FAMILY PRACTICE in beautiful Black Hills of South Dakota. Excellent opportunity for family practice in established group with family practitioner and surgeon or individual practice. Outstanding new hospital facility, excellent fishing, hunting, clean air, mild climate, safe place, family haven. Straight reciprocity to South Dakota with LMCC. Telephone collect: Dr. T. R. Jacobson (605) 745-3125 (office) or 745-3096 (residence), or Les Jensen (605) 745-3103 (office), or 745-3323 (residence) Hot Springs, SD.

GENERAL PRACTITIONER — Busy 2-man practice in growing South Ontario town requires active general practitioner, anesthetic experience essential. Senior partner wishes to slow down. Salary $2,000 monthly, with increase according to ability and application. Partnership in one year if mutually satisfied. 100 plus hospital, I.C.U. lab., etc., excellent opportunity. Reply to Box 846, CMA Journal.

GENERAL PRACTITIONER — Busy 3-man practice in Southwestern Ontario requires active recent graduate. Salary $2200 monthly or percentage if preferred. View to full partnership in one year if mutually agreeable. Reply to Box 379, CMA Journal.

GENERAL PRACTITIONER, experienced, wanted for expanding practice in town 60 miles west of Edmonton. The successful applicant will be required to live in Breton, where there is a 33-bed fully equipped hospital. The group at present consists of 4 doctors, and the new doctor will be required to relieve off duty times at the adjacent clinics. Adequate time off; 4 weeks holiday and 2 weeks postgraduate leave per annum. Starting salary $22,000; partnership after 4 months in a binding legal agreement if mutually agreeable. Telephone: (403) 482-4522.

GENERAL PRACTITIONERS — Medical Placement Services Ltd. has several vacancies for general practitioners, predominantly in Ontario. Many of these posts offer outstanding future possibilities. Some opportunities are also available for specialists. Please indicate your field of interest to: Medical Placement Services Ltd., 1 Medical Place, Don Mills, Ont., telephone: 429-1799.

GENERAL PRACTITIONER — Modern West End Clinic with 5 G.P.'s, full ancillary services and visiting consultants in the major specialties need another full-time general practitioner. Partnership available after one year if compatible. Excellent salary and vacation arrangements. Regular work schedule. Contact: Dr. John Lyne, or Dr. Harold Gopaul, 880 The Queensway, Toronto 18, Ont., telephone 255-1161.

GENERAL PRACTITIONER REQUIRED as associate for very busy practice in Thunder Bay, Ontario. Excellent opportunity for the right person. Reply, with full particulars, to Box 387, CMA Journal.

GENERAL PRACTITIONER required for the Village of Rossburn, Rossburn, Manitoba. 17-bed hospital in town, with office space available at reasonable rent. The area served is approximately 4000 people. Opportunity for person who wants to establish himself quickly. Please send complete resume to: Mr. Alex Cleland, Chairman, Local Administrative Committee, Rossburn District Hospital, Rossburn, Man. ROJ IVO.

GENERAL PRACTITIONERS (2) required in established group practice. No investment necessary; remuneration well above average. Reply to Box 338, CMA Journal, or telephone Business Manager (705) 673-9524.

GENERAL PRACTITIONER required immediately for busy Alberta practice. Salary open to negotiation; fully equipped hospital; office supplied. Town has all utilities; about 150 miles from Edmonton on paved highway. Please apply giving full particulars, to Box 293, CMA Journal.

GENERAL PRACTITIONER required for a progressive medical clinic in central Toronto. Excellent working conditions. Telephone: (416) 966-3641 The Raxlen Clinic, 500 Parliament St., 25 Brunswick Ave., Toronto, Ont.

GENERAL PRACTITIONER required with gynecological surgery, general surgery, and anesthesia interests, to join one internist, one surgeon, 6 general practitioners and an associate pediatrician in a pleasant prairie town of approximately 4500. Excellent salary offered; partnership offered after one year if mutually acceptable. Large drawing area of 14,000. Partners own clinic and have unopposed use to well equipped 75-bed hospital. A new hospital will be built shortly. Contact: Newell Associate Clinic, Box 280, Brooks, Alta., telephone: (403) 362-3461 (daytime), or (403) 362-4059 after 5.30 p.m.

GENERAL PRACTITIONER to join progressive group, 6 G.P.'s and a surgeon in Kimberley, British Columbia. Modern 50-bed hospital, excellent provision for continuing medical education and leisure time to enjoy fine hunting, fishing and skiing, etc. in this area. Salary and incentive for one year, then full partnership to suitable man. Reply to Box 380, CMA Journal.

GENERAL PRACTITIONER with interest in pediatrics and/or obstetrics required for Northwest Territories. Suitable for male or female. Share night calls and weekends. New clinic, modern hospital. Challenging northern adventure, congenial atmosphere. Locum one year, portion, or permanent. Reply to Box 373, CMA Journal.

GENERAL PRACTITIONER WANTED to join a group of 5 G.P.'s, a surgeon and an internist for one year's assistantship. This position is open immediately. Kindly direct all enquiries to: Dr. J. W. Tompkins, The Avery Clinic, 644 Front St., Quesnel, B.C.

GENERAL PRACTITIONER WANTED for small community 20 miles from Edmonton, Alberta, with small hospital and good recreational facilities and splendid home. Salary $1500 per month plus bonus on percentage production. For further information, apply to: P.O. Box 3069 Sherwood Park, Alta. T8A 2A6.

GENERAL PRACTITIONER to join department of 14 G.P.'s in a 30-man group practice centre. Apply to: Medical Director, Algoma District Medical Group, 240 McNabb St., Sault Ste. Marie, Ont.

GENERAL PRACTITIONER WANTED who desires regular hours in a busy clinic of 5 general practitioners. City of 200,000 in Southwestern Ontario. Basic: $650 weekly plus extra for night call once weekly. Interesting mixture of trauma and family medicine. Hospital work only if desired. Great opportunity for hobbies; good swimming and fishing; much free time. Reply to Box 345, CMA Journal.

GENERAL PRACTITIONER — Northeast Montana town of 1500 people needs a general practitioner, 22-bed hospital, 20-bed nursing home. Contact: Clyde E. Strahan, Administrator, Community Hospital, Poplar, MT 59255, U.S.A., telephone: (406) 768-3452.

GENERAL PRACTITIONER — The Board and Medical Staff of the Fairview Municipal Hospital invite inquiries for general practice for the Fairview Municipal Hospital District. The hospital covers a population of some 7000 to 9000 and is located in Northern Alberta. The district is already served by 4 general practitioners and 2 dentists. Please apply to: Dr. D. Snider, Chairman, Medical Staff, Bag 2201, Fairview, Alta.

GENERAL PRACTITIONER WANTED to open practice in Lancaster, California area. The area has a population of approximately 45,000, with excellent hospital facilities available, but with a shortage of general practitioners. Interested physicians must be graduates of a Canadian medical school and eligible for California licensing. For further information, please contact: Mr. Richard L. Transue or Dr. J. W. Birsner at 1703 27th St., Bakersfield, CA 93301, U.S.A., or telephone (805) 327-3871.

GENERAL PRACTITIONER WANTED to join a group of 11 doctors; 7 general practitioners, 2 surgeons, 1 internist and 1 obstetrician and gynecologist. New modern offices in pleasant university city of 35,000. New hospital with fully equipped intensive care unit. Associated regional laboratory and rehabilitation centre presently under construction. Salary negotiable, depending upon experience. Opportunity for early partnership. Please provide full particulars and references in first letter to: Western Medical Clinic, 144 - 6th St., Brandon, Man. R7A 3N2.

GENERAL PRACTITIONER wanted for Edmonton clinic. Shared weekend and night calls. Ample time for recreation and postgraduate education. Excellent working conditions with congenial staff. Applications are now being accepted at: Taramed Management Ltd., 12929 - 62nd St., Edmonton, Alta., or telephone: 476-6744.

GENERAL PRACTITIONER-ANESTHETISTS: A well established Western Canadian medical group of 16 doctors in a city of 25,000 is inviting applications from general practitioner-anesthetists. Salary offered $22,000 per year. Excellent working conditions and equipment. Reply with record of training, experience and references to Box 364, CMA Journal.

GENERAL PRACTITIONER-SURGEON needed in a 3-doctor clinic located in East-central Alberta. Friendly town, congenial colleagues, accredited 30-bed hospital. Incentive income. Reply to Box 371, CMA Journal.

GENERAL PRACTITIONER, UROLOGIST, PEDIATRICIAN, OB-GYN AND INTERNISTS wanted for solo or partnership practice in Central Illinois, 90 miles southwest of Chicago. New modern 182-bed hospital with latest supporting services. Will assist in relocating, setting up office and financial assistance while becoming established, plus a guaranteed gross annual income of $50,000. If you are interested in a friendly location, without social problems, to raise your family, with excellent income potential, please telephone collect or write: Joseph O'Rourke, Associate Administrator, St. Margaret's Hospital, Spring Valley, Il 61362, U.S.A., telephone: (815) 663-2611.

GENERAL PRACTITIONER: Group Practice located in Southwestern Ontario lakeshore town servicing a population of approximately 30,000. We require a fifth general practitioner to join 5 specialists, including general surgery, internal medicine, and obstetrics and gynecology. Fully accredited, well equipped hospital, and excellent office facilities. Liberal salary and fringe benefits and early opportunity for partnership. Please write to: Medical Director, Medical Centre, 106 Talbot St. West, Leamington, Ont.

GENERAL PRACTIONEERS — 8-man group providing G.P. full hospital service, requires assistance starting January 1974 during 2-year postgraduate absence of one partner. We also need 2 extra assistants each summer. Please include curriculum vitae, main G.P. interest, 2 references, reasons for applying and expected salary. We will meet any reasonable conditions to attract suitable applicants. Contact: Medical Associates, Parry Sound, Ont. telephone Dr. Peter Scott: 746-9382.

GENERAL PRACTICE — Office located in the city center of Port Moody, within 10 miles of Vancouver. Doctor is leaving the area. Please write: Dr. W. Lee, 1102 Ridgeway Ave., Coquitlam, B.C., or telephone: 936-9911 or 524-4951.

GENERAL SURGEON required to join group practice in mid-town Toronto. Reply to Box 335, CMA Journal.

HOUSE OFFICERS required July 1974. Approved positions in medicine, surgery, pediatrics and obstetrics/gynecology, at accredited hospital in northern Newfoundland affiliated with Memorial University of Newfoundland training program. Apply to: Mr. Douglas Heath, International Grenfell Association, Room 701, 88 Metcalfe St., Ottawa, Ont.

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$24,400 — $28,000
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The Ministry of Health, Health Insurance Division, is seeking a full time Physician to assist in the review of medical services provided under the Health Insurance Plan.

Duties include the assessment of claims, with associated teaching of claims clerks, preparation and analysis of patterns of services, liaison with individual physicians, practitioners, and professional groups.

Locations: Toronto and Kingston.

Qualifications: Licence to practise medicine in Ontario, plus considerable experience in medical practice.

Please apply in confidence to:

Director of Personnel,
Room 841,
Hepburn Block,
Parliament Buildings,
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Salary $29,000 to $33,000

The Department of National Health and Welfare, Medical Services Branch is seeking qualified Medical Doctors with institutional and administrative management capabilities.

Successful candidates will plan and co-ordinate Public Health and Treatment activities within the Region and have full responsibility for Federal administrative and medical functions carried out by medical, nursing and administrative staff throughout the province in question.

QUALIFICATIONS:

Graduation from an accredited school of Medicine. A diploma in Public Health, or equivalent experience in this field, would be desirable. Extensive experience in institutional and medical administrative management in the field of treatment and public health; ability to negotiate with provincial, professional and other organizations; personal suitability and satisfactory physical condition.
Knowledge of the English language is essential.

Interested candidates are invited to send detailed resumés of experience and qualifications to: —

PUBLIC SERVICE COMMISSION OF CANADA,
OTTAWA, ONTARIO K1A 0M7,
ATTENTION: **R. K. COX,**
EXECUTIVE PROGRAM.

Should you have a Regional preference, please state it. Please quote the appropriate reference number on all correspondence. Appointments as a result of this competition are subject to the provisions of the Public Service Employment Act.

THE WORKMEN'S COMPENSATION BOARD OF ONTARIO

Invites applications from

PHYSICIANS or SURGEONS

for positions in Toronto

For further information please contact
THE EXECUTIVE DIRECTOR, REHABILITATION SERVICES DIVISION
THE WORKMEN'S COMPENSATION BOARD
90 Harbour Street
Toronto M5J 1C1
Ontario

National Health Service, England

Birmingham Regional Hospital Board

There are currently vacancies at consultant status in hospitals within the Birmingham Region which covers the counties of Shropshire, Herefordshire, Worcestershire, Warwickshire and Staffordshire and enquiries are invited from suitably qualified doctors who are eligible for British registration and from British graduates who may wish to return to practice in Britain. British graduates who are short-listed for any of these appointments can in fact be considered for reimbursement of travelling expenses in returning to Britain for interview.

The specialties involved are geriatrics, radiology and all branches of psychiatry and may also include pathology and anaesthetics. Enquiries for further particulars or for other information regarding vacant appointments will be welcomed and should be addressed to Dr. Christie Gordon, Senior Administrative Medical Officer, Birmingham Regional Hospital Board, 146 Hagley Road, Birmingham B16 9PA, England.

BIRMINGHAM REGIONAL HOSPITAL BOARD
BRHB

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Required by

SASKATCHEWAN DEPARTMENT OF PUBLIC HEALTH

Salary up to $28,932
(Under Review)

Information and application forms can be obtained from Mr. W. Munn, Administrative Supervisor, Psychiatric Services Branch, Provincial Health Building, Regina, Saskatchewan.

Completed applications may be returned to Mr. Munn, quoting competition c/c 2011.

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A rapidly expanding ethical pharmaceutical company requires an Associate Medical Director to assist in planning and monitoring clinical pharmacological and clinical studies with the company's products.

Working knowledge of English and French an asset. Should have a considerable interest in industry affairs and will be required to consult with management on marketing and sales programmes.

The successful candidate will reside in Montreal. Salary negotiable, excellent fringe benefits.

Please send complete resumé in English and French in strict confidence to:

Box No. 382, CMA Journal.

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for the Community of

MICA CREEK, BRITISH COLUMBIA

(population approx. 2500)

- Modern, well-equipped medical clinic provided;
- Housing available at reasonable rental rate;
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- Unopposed medical practice.

This is a unique opportunity for a General Practitioner, providing a guaranteed basic income plus fees for services and requiring a minimum investment. The practice includes family medical services and medical service to a labour force of about 1,000 construction workers.

Applications or queries may be submitted to:

The Construction Manager,
MICA PROJECT,
B.C. Hydro and Power Authority,
Box 1000,
Mica Creek, B.C.
Business Telephone: (604) 834-7301

CONFERENCE ON
ISCHEMIC HEART DISEASE

November 23, 1973

TORONTO, ONTARIO, CANADA

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MODERATOR:

Dr. G. D. Lumb.

For further information write to:

Dr. Andrew Diosy,
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WARNER - CHILCOTT LABORATORIES CO. LIMITED,
2200 Eglinton Ave. East,
Scarborough, Ontario, Canada.

Saskatchewan Department of Public Health

Psychiatric Services Branch

Saskatchewan Hospital North Battleford

DIRECTOR, PARAMEDICAL SERVICES

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From $26,580 to $33,924 for Doctors with a minimum of four years experience in psychiatry, D.P.M. and eligibility for full license. From $23,584 to $36,480 for doctors with a minimum of four years experience in psychiatry, Canadian Certification in Psychiatry and eligibility for full license.

Saskatchewan Hospital North Battleford provides services in psychiatry to the North Battleford Mental Health Region, which has a general population of approximately 140,000.

The Director of Paramedical Services will carry a clinical load but in addition will be responsible for X-ray, E.E.G., Laboratory, Pharmacy, Dentistry and Staff Health Services and will be Medical Officer in Charge during the absence of the Medical Director.

QUALIFICATIONS —

In addition to that mentioned above, senior administrative experience and capability.

Applications and further information available by writing to the —

Public Service Commission,
Room 207,
Legislative Building,
Regina, Saskatchewan.

Completed applications should be returned to the Public Service Commission quoting competition number cc6490. This competition will close as soon as a qualified candidate beccmes available.

PSYCHIATRIST
and/or
CLINICAL DIRECTOR

When was the last time you could relax over a good dinner without anticipating a call from your answering service? If you have trouble remembering, perhaps you should consider:

- A fully accredited State Hospital with a staff-patient ratio of 330/180.
- 40 HOUR WORK WEEK.
- Salaries to $33,240 with deferred compensation plan and private practice available.
- Very good benefit program.
- Small college town with lots of light industry and not too far from the major cities of Chicago, St. Louis, Kansas City, Minneapolis.
- On Amtrak line to Chicago and Denver.

If you would like to relax a little and spend more time with your family or fishing, contact:

William Ketch, Superintendent,
MENTAL HEALTH INSTITUTE,
Mount Pleasant, Iowa 52641.
Tel.: (319) 385-7231

AREA MEDICAL DIRECTOR
ONTARIO REGION
FOR A
MAJOR CANADIAN CORPORATION

The Position

To direct a Comprehensive Occupational Health program for approximately 10,000 employees in the Province of Ontario.

The Professional

The successful applicant will be a well trained practitioner qualified to practise in the Province of Ontario and preferably with additional Specialist qualifications in Occupational Medicine, Public Health or Internal Medicine.

Salary Policy

Is to be competitive with major Canadian business Corporations and includes a full range of employee benefits.

The location — Toronto, Ontario.

Write in confidence to: —
Box 375,
CMA Journal.

CHIEF VIROLOGIST

ONTARIO MINISTRY OF HEALTH

Salary $17,362 - $21,723
to be revised effective October 1973

This position in the Laboratory Services Branch of the Ministry of Health has become vacant due to the retirement of Dr. N. A. Labzoffsky.

The responsibilities of this position include the supervision of scientists engaged in a wide spectrum of practical research projects and the management of a routine virus diagnostic laboratory examining some 60,000 specimens annually. The successful candidate will also act as a scientific consultant to other branches of the Ministry, Hospitals and Physicians.

University appointment is anticipated.

Applications are invited from persons with a doctorate degree or equivalent and a significant background of experience in virus research and laboratory diagnostic field.

Please submit an application or resume as soon as possible to: —

Director of Personnel,
ONTARIO MINISTRY OF HEALTH,
11th floor, Hepburn Block,
Queen's Park,
Toronto, Ontario, Canada.

HEAD OF DEPARTMENT OF PATHOLOGY

COLLEGE OF MEDICINE
UNIVERSITY OF SASKATCHEWAN
SASKATOON, SASKATCHEWAN
CANADA

The position offered carries with it the headship of the Department of Pathology, University Hospital, Saskatoon.

The candidate need not necessarily be a morphologist. Candidates with primary interests in the fields of immunology, hematology, biochemistry, nuclear medicine and others will be considered.

Send Curriculum Vitae and letter outlining interests to —

R. G. Murray,
Dean of Medicine,
UNIVERSITY OF SASKATCHEWAN,
Saskatoon, Saskatchewan S7N 0W0.

UNIVERSITY OF TORONTO
Faculty of Medicine
Division of Postgraduate Medical Education

Will Sponsor

COURSES IN CONTINUING MEDICAL EDUCATION

1973: Refresher Course for Family Physicians; November 22 - 23. — Fee: $60.00
Clinical Practice and Computers; November 23 - 24. — Fee: $50.00.
Electrocardiography for the Anaesthetist; December 7 - 8. — Fee: $75.00.

1974: Refresher Course for General Surgeons; February 4 - 6. — Fee: $90.00.
Refresher Course for Practising Pathologists; February 14 - 16. — Fee: $100.00.

For information write:

The Director,
Division of
Postgraduate Medical Education,
Medical Sciences Building,
UNIVERSITY OF TORONTO,
Toronto, Ontario M5S 1A8.

1974
ANNOUNCEMENT COMPETITION
WHO TRAVEL FELLOWSHIPS FOR CANADIAN HEALTH WORKERS

Each year, the World Health Organization allocates a number of Travel Fellowships to Canada for the study abroad of health care, in order to foster the improvement and expansion of health services in this country. The Fellowship is granted for short-term programs of training of approximately one to three months duration.

Eligible to enter the competition are Canadian citizens engaged in operational or educational aspects of public health in a professional capacity. Employees of the federal government, however, will be given a low priority, and the following groups of persons will not be given consideration:

1. Workers in pure research.
2. People who wish to attend conferences, or international meetings.
3. Students in the midst of training at the undergraduate or graduate level.
4. Applicants more than 55 years of age.

Note: — Because of difficulties caused by the tourist season, WHO will not process applications which feature visits to Europe and/or Scandinavia between June 15 and September 15.

Candidates will be rated and selected on the basis of their professional background, the field of the proposed study, and the intended use of the knowledge gained during the fellowship upon return to this country.

Employers of successful candidates are expected to endorse applications and to continue salary during the Fellowship.

The award will cover per diem maintenance and transportation.

Information and forms may be obtained from: —

International Health Services,
National Health and Welfare,
Brooke Claxton Building,
Ottawa, Ontario K1A 0K9.

INTERNIST — An internist, competent for consultative work in the broad field of internal medicine, wanted as an associate by established internist in Vancouver. Good opportunity. Reply to Box 376, CMA Journal.

INTERNIST — Board Certificated internist with formal training in cardiology desires as an associate a Board Certificated or Board Eligible internist who may or may not have subspecialty credentials. Good facilities for a second physician in a Southern California community where quality medicine is practised. Reply to Box 350, CMA Journal.

INTERNIST, certificated or fellowship, to join department with 3 internists in a 30-man group practice clinic. Practice limited to internal medicine or consultation and referral basis. Apply to: Medical Director, Algoma District Medical Group, 240 McNabb St., Sault Ste. Marie, Ont.

GENERAL INTERNIST required for 105-bed accredited hospital located in Oromocto, New Brunswick, 9 miles from Fredericton. Moderate work load with both civilian and military personnel. Attractive income guaranteed. Send inquiries to: Dr. L. S. O'Neil. Oromocto Public Hospital, Oromocto, N.B.

INTERNIST-(NEPHROLOGIST) — The University of Alberta, Department of Medicine requires a Nephrology Sub-Specialist for teaching, research and service duties. Affiliated teaching hospital of 1000 beds. Salary negotiable depending upon qualifications. Applicants with complete curriculum vitae and the names of 3 references to: Dr. R. S. Fraser, Department of Medicine, University of Alberta, Edmonton, Alta. T6G 2G3.

INTERNAL MEDICINE SPECIALIST — The University of Alberta Department of Medicine requires a pulmonary diseases subspecialist for service, teaching and research duties. Affiliated teaching hospital of 1000 beds. Salary negotiable depending upon qualifications. Closing date for application December 1, 1973. Applications with complete curriculum vitae to: Dr. M. Watanabe, Department of Medicine, University of Alberta, Edmonton, Alta. T6G 2G3.

INTERNAL MEDICINE — Modern West End Clinic with 6 general practitioners requires the services of a visiting consultant in internal medicine. Apply to: Dr. John G. A. Lyne or Dr. Harold Gopaul, 880 The Queensway, Toronto 18, Ont. Telephone: 255-1161.

INTERNAL MEDICINE SPECIALIST — Temiskaming Medical Clinic in beautiful Northern Ontario, town of Haileybury, requires a full-time consultant. Clinic consists of 5 family physicians and one fellowship surgeon. Accredited hospital of 137 beds. Attractive location and opportunities. Contact: Dr. J. F. Psutka, Drawer 309, Haileybury, Ont., or telephone: (705) 672-3378.

MEDICAL STAFF — Exciting opportunities in unique area of U.S.A. Objective to add to the specialties. The following specialties are desired: Ophthalmologist, Otolaryngologist, Dermatologist, Pediatrician. Accredited hospital; 81 beds with expansion building program in progress. Provides both diagnostic and therapeutic services, complete laboratory, EKG, Cobalt Therapy and Radioisotope services, 4-bed Coronary Care Unit in operation. There are 16 physicians on the Active Staff, including full-time radiologist, pathologist and anesthesiologist. Presque Isle is a commercial and educational center of an agricultural area with light industry diversified economy. Boston is 50 minutes away by jet. Excellent school system and 800 plus student University of Maine-Presque Isle campus, also Northern Maine Vocational-Technical Institute. Winter sports include skiing, snowmobiling, and curling. Spring, summer and fall include hunting, golf, boating and camping. Address your inquiries to: Physician Search Committee, A. R. Gould Memorial Hospital, Box 151, Presque Isle, ME 04769, U.S.A.

OBSTETRICIAN-GYNECOLOGIST — Certificated obstetrician-gynecologist wanted to join group of 5 doctors (3 G.P.'s and 2 surgeons) in mid-Western Canadian city of 30,000, rural area 60,000. Excellent hospital facilities and recreational surroundings. Initial salary by negotiation with opportunity for early partnership. Please give full particulars, reply to Box 392, CMA Journal.

OBSTETRICS AND GYNECOLOGY — Specialist required by 23-doctor multispecialist group in a progressive university city of 35,000 people and serving a very large trading area. An energetic man is required to join 3 established specialists, one of whom is reaching retirement age and has recently limited his practice to gynecology. As much detail as possible should be supplied by the applicant in his initial application. Interested applicants will be provided with complete details on the position and the community. Please apply to: Dr. J. A. Findlay, Medical Director, The Brandon Clinic, P.O. Box 280, Brandon, Man. R7A 5Z2.

OBSTETRICIAN-GYNECOLOGIST required to join active group of young family practitioners and other specialists in new clinic in Calgary, Alberta. Ready made consultant practice. Reply to Box 313, CMA Journal.

OBSTETRICIAN AND GYNECOLOGIST required for vacancy in active department in established multispecialty and family practice clinic in Calgary. Partnership opportunity after one year. Foothills city, medical school, 3 general hospitals. Canadian fellowship or certification required. Reply to Box 369, CMA Journal.

OPHTHALMOLOGIST, certificated or fellowship, to join 30-man group practice. Apply to: Medical Director, Algoma District Medical Group, 240 McNabb St., Sault Ste. Marie, Ont.

OPHTHALMOLOGIST, certificated, for busy practice in British Columbia, to begin immediately. Reply to Box 343, CMA Journal.

ORTHOPEDIC SURGEON — Busy orthopedic surgeon requires an assistant and/or partner for large orthopedic practice in mid-West city, 150,000 population. Guaranteed income first year if desired. Send curriculum vitae to Box 342, CMA Journal.

ORTHOPEDIC SURGEON — Specialist required by 23-doctor multispecialty group in a progressive university city of 35,000 people and serving a large trading area. An energetic man is required to join with an established orthopedist in expanding this department. As much detail as possible should be supplied by the applicant in his initial application. Interested applicants will be provided with complete details of the position and the community. Please apply to: Dr. J. A. Findlay, Medical Director, The Brandon Clinic, P.O. Box 280, Brandon, Man. R7A 5Z2.

ORTHOPEDIC SURGEON, OPHTHALMOLOGIST, OTORHINOLARYNGOLOGIST, UROLOGIST AND DERMATOLOGIST, qualified, required by Charlotteown Clinic, a mixed clinic of 15 doctors. Address replies to: Dr. W. E. H. Mason, Charlottetown Clinic, 1 Rochford St., Charlottetown, P.E.I.

PATHOLOGIST to join regional laboratory service on Vancouver Island. Starting salary commensurate with qualifications, with view to full partnership after one year. Apply, with details of training and experience to: Dr. R. S. Clarke, Nanaimo Regional Hospital, Nanaimo, B.C.

CHIEF PATHOLOGIST required to direct big new laboratory being built in accredited, active treatment hospital currently expanding to 420 beds. Quiet community of 72,000 is near Universities and Metropolitan areas. Contract available for candidates eligible for Canadian Certification. Write or telephone: The Administrator, South Waterloo Memorial Hospital, Cambridge (Galt) Ont. N1R 3G2, telephone: (519) 621-2330.

PATHOLOGIST with particular interest in clinical pathology to join expanding group in Calgary, Alberta. Terms of association and benefits negotiable. Reply in confidence to Box 267, CMA Journal.

PEDIATRICIAN, certificated or fellowship, to join department with 2 pediatricians in a 30-man group practice centre. Apply to: Medical Director, Algoma District Medical Group, 240 McNabb St., Sault Ste. Marie, Ont.

PEDIATRICIAN, GEOGRAPHIC FULL-TIME, at the lecturer or assistant professor level required in the Department of Pediatrics of Queen's University. Subspecialty training and research interests in immunology, infectious disease or neurology will be an advantage. Salary and ceiling by negotiation. Applications and names of 3 referees by December 15 to: Dr. M. W. Partington, Department of Pediatrics, Queen's University, Kingston, Ont.

PHYSICIAN WANTED — An established practice with a guaranteed annual income will be available January 1, 1974 in the modern industrial community of Gold River, British Columbia, on Vancouver Island. Office facilities are available in a new fully equipped health clinic which serves a population consisting largely of younger people with families. This is an excellent oppirtunity for a physician, especially if he is an outdoor enthusiast. Please apply to: Mrs. Doris Nielssen, President, Gold River Health Clinic Society, P.O. Box 497, Gold River, B.C., telephone: (604) 283-7319.

RADIOLOGIST WANTED to join group of radiologists in Ottawa, Ontario. Reply to Box 398, CMA Journal.

PHYSICIAN-SURGEON REQUIRED for a solo general practice in a rural community located 130 miles from Edmonton, Alberta, on a paved highway. Hospital and other facilities are located in the town. Good hunting, fishing and other recreational facilities are located in the district. For further information, reply to Box 396, CMA Journal.

PHYSICIAN REQUIRED for a community sponsored Health and Social Development Centre in Leaf Rapids — a modern attractive new community in the mid-North of Manitoba, population of approximately 2000 rising to 3000 people — We are looking for a progressive, community-oriented physician, who is interested in working with nurse practitioners, social and community workers, in developing a team approach to health care. Services will include hospital, medical, home care, public health and social services as part of this integrated comprehensive program. Further information on the position, facilities and health programs is available upon request. Salary: is negotiable. (Range of $27,000 - $36,000). Apply with curriculum vitae to: Mr. D. G. Mitchell, Official Trustee, Leaf Rapids Health and Social Development Centre, Leaf Rapids, Man. R0B 0W0.

PHYSICIANS — Small South Dakota community needs physicians to relocate. Will negotiate terms. South Dakota allows straight reciprocity with LMCC. Telephone: (605) 539-7162 Chamber of Commerce, Wessington Springs, SD 57382, U.S.A.

PHYSICIAN — Township of Ear Falls, 44 miles south of Red Lake in Northwestern Ontario, urgently requires the services of a resident physician. There is no doctor at present. A new medical centre is being built to accommodate 2 doctors, one dentist, Public Health Nurse, X-ray and related facilities. This is a mining, lumbering and tourist area, good schools, excellent hunting and fishing. Extensive expansion of industry is planned over the next few years. This area is designated as underserviced by the Ministry of Health of Ontario and a physician who established a practice here may apply for a contract with a guaranteed annual income of $33,000 or an incentive grant of $20,000. For information, telephone collect: V. N. Aultman, Clerk-Treasurer, The Corporation of the Township of Ear Falls, P.O. Box 309, Ear Falls, Ont., office (807) 222-3624, residence (807) 222-3659.

PSYCHIATRY — Well established referral practice with waiting list, available December onwards. Good hospital facilities, low overheads, minimal take over cost. Contact: Dr. B. G. Young, Ste. 114, 250 18th St., West Vancouver, B.C.

RADIOLOGIST REQUIRED by Medical Clinic in Nanaimo, British Columbia. Attractive Vancouver Island coastal resort area. Terms of association open to negotiation. Present radiologist retiring June 1974. Full particulars upon request to: M. B. McIntosh, Caledonian Medical-Surgical Clinic, P.O. Box 512, Nanaimo, B.C., telephone: 753-3202.

SURGEON WANTED, (certificated), energetic with extra orthopedic training or experience to work wih 5 general practitioners in busy, well equipped clinic in Southwestern Ontario. Large number of occupational injuries, good referral rate. Regular hours with rotation of calls and congenial atmosphere. Excellent starting salary plus percentage to right man. Guaranteed minimum $40,000 per annum. Reply to Box 344, CMA Journal.

SURGEON willing to do some general practice, or surgically oriented general practitioner required immediately for a group practice of 5 family physicians in the British Columbia interior. Excellent well equipped new hospital in a growing town. Salary is open with early full partnership if mutually acceptable. Maximal free time is available to enjoy the excellent recreational facilities of the area. For further information, please apply to: The Medical Clinic, Box 998, Merritt, B.C.

DIAGNOSTIC RADIOLOGIST

Diagnostic Radiologist required to complete two-man team in brand new 250-bed General Hospital serving a catchment area of about 100,000 popution; initial salary basis may lead to fee-for-service sharing arrangement with senior colleague who heads department; significant potential for expansion; attractive Maritime community; medical staff already includes family practice group plus urologist, orthopedist, paediatrician, pathologist, general surgeons, anesthetists, otolaryngologists, obstetrician/gynaecologist. Applicant in Radiology must be eligible for both practice and specialty registration with Medical Council of New Brunswick; working knowledge of the common special procedures is essential.

This is a challenging opportunity for a recently qualified certificant of the Royal College of Physicians and Surgeons of Canada.

Appointment to commence immediately. Direct enquiry to Medical Director, Chaleur General Hospital, Postal Drawer "S", Bathurst, New Brunswick.

POSITIONS WANTED

BRITISH GRADUATE and British trained surgeon, MB, DA, FRCS, aged 34, married with 3 children. Intending to emigrate early 1974. Wide experience in general surgery, genito-urinary surgery, cardio-thoracic surgery, orthopedics, vascular surgery and anesthesia. Seeks position as surgeon in group practice anywhere in Canada. Willing to do some general practice if necessary. Registered on Home List of G.M.C.; prepared and eligible to sit FRCS(C). Contact: Dr. P. C. Cheah, Herts and Essex General Hospital, Bishop's Stortford, Herts., England, telephone: Bishop's Stortford 53232.

CHIEF SURGEON in a major hospital center, aged 47, wishes to relocate, preferably in a smaller area, with a mixed group or with a group of surgeons. Reply to Box 356, CMA Journal.

GENERAL PRACTITIONER, young, experienced, seeks relocation in private practice or emergency room. Graduated 1968, 4 years experience in general practice, both city and country. Would prefer Quebec, but main requirements are for variety and stimulation. Reply to Box 360, CMA Journal.

GENERAL SURGEON, McGill graduate 1968, Canadian citizen, Quebec licence, 4 years residency plus one year oncologic surgery, Board eligible. Interested in academic or private practice. Contact: Dr. Herbert B. Rubin, 619 Norwood Court, San Dimas, CA 91773, U.S.A., telephone: (714) 599-1303.

HUSBAND AND WIFE, both medical graduates of the National University of Ireland, require partnership or locum with view to same in general practice in Canada, commencing January, 1974. Apply to: Dr. Andrew O'Connor, Merlin Park Hospital, Galway, Ireland.

IRISH DOCTOR AVAILABLE — University College Dublin (1972) graduate, registered in Alberta. At present completing 6 months locum in busy general practice. Interested in further general practice in Canada, all areas considered. Reply to Box 378, CMA Journal.

INTERNIST-NEPHROLOGIST, MRCP (U.K.), American Board, internal medicine certificated, wishes to join practice in internal medicine and nephrology in Canada, in July 1974. Reply to Box 391, CMA Journal.

OBSTETRICIAN-GYNECOLOGIST, British graduate, appeared Canadian Board this fall, seeks position in a group practice of this specialty. 10 years hospital experience in England. Excellen references. Reply to Box 359, CMA Journal.

OBSTETRICIAN AND GYNECOLOGIST — Scottish graduate, Indian origin, aged 34, MRCOG, eligible to appear in FRCS(C), with wide experience in obstetrics and gynecology in U.K., seeks a suitable position in group practice either long term locum or permanent basis. Reply to Box 377, CMA Journal.

PATHOLOGIST, qualified in nuclear medicine, seeks position in Southwestern Ontario. Reply to Box 366, CMA Journal.

PEDIATRICIAN, Canadian trained, FRCP(C), completing 2 year allergy/immunology subspecialty training, seeks academic position or consultant opening in specialist or general group, commencing July 1974. Reply to Box 385, CMA Journal.

PEDIATRICIAN, FRCP(C), married, extensive training in major medical center, good personality, energetic, sincere, hard working, wishes consultant practice or general pediatric practice. Solo, group or partnership; salaried position also acceptable. Immediately available. Reply to Box 362, CMA Journal.

PRACTICE

EDMONTON, ALBERTA — DERMATOLOGY practice, well established, 1000 sq. ft. office space, 4 examining rooms, carpeted throughout, $250/monthly including parking. Teaching/hospital appointment available to approved applicant. 4-bedroom home for sale, 15 minutes from downtown. Leaving December. Apply to: 6108 144 St., Edmonton, Alta.

NORTH EAST TORONTO — Well organized practice grossing over $100,000 per annum in beautiful resort area, 100 miles north east of Toronto. No pollution; clean air, lakes, trees, swimming, boating, hunting, fishing horseback riding, 5 golf courses, schools and churches. Out-post hospital in town and old age home. House and office on well treed hill. Must be seen to be appreciated. Leaving to specialize. Only serious purchasers need apply. Reply to Box 389, CMA Journal.

MONTREAL, (WESTMOUNT) QUEBEC — Family practice for sale; extremely well established; up-to-date equipment and furnishings; very high income; location central Westmount. Reason — specializing. Reply to Box 140, CMA Journal.

WINDSOR, ONTARIO — Thriving general practice, (established 15 years) suitable for energetic family physician or husband and wife team. Sale includes modern 4-bedroom home, attractive office, records and equipment. Reply to Box 333, CMA Journal.

RESIDENCIES & INTERNSHIPS

ANESTHESIOLOGY RESIDENCY, fully approved 3 year broad clinical, didactic program. Experience in nerve blocks and regional anesthesia, I.C.U., Cardio-pulmonary Laboratory. Research training available (MS or Ph.D.). Residency stipend $11,022 to $12,077. Fellowship stipend $12,000 to $18,000. For details: Dr. E. O. Henschel, Chairman, Department of Anesthesiology, The Medical College of Wisconsin, 5000 W. National Ave., Milwaukee-Wood, WI 53193, U.S.A.

ANESTHESIOLOGY RESIDENCIES — At University of Minnesota: Two, three and four year anesthesia programs: didactic, research and clinical experience including pulmonary function and respiratory disease services under qualified faculty. Foreign students need ECFMG certificate. Fellowship stipends 1st year $8500 plus tuition: 2nd year $9200 plus tuition: 3rd and 4th year negotiable. Write for brochure: F. H. Van Bergen, M.D., Department of Anesthesiology, University of Minnesota, Health Sciences Centre, Minneapolis, MN55455, U.S.A.

RESIDENCIES IN ANESTHESIA, Department of Anesthesia, University of Saskatchewan, Saskatoon, Saskatchewan — Applications are invited for residencies in anesthesia, salary $666.75 to $950.17 per month. Post recognized for FRCP(C) and American Board. ECFMG required for foreign graduates except those from British schools. Further information: Dr. Gordon M. Wyant, Department of Anesthesia, University Hospital, Saskatoon, Sask.

Anesthesia Residency, Upstate Medical Center, Syracuse, New York has vacancies for well-qualified physicians in its fully approved three-year program. Modern hospital, wide experience in all specialties including Respiratory Therapy and Intensive Care. Stipends: $11,323 to $12,420, according to experience, with substantial fringe benefits. Comprehensive didactic program, enthusiastic teaching staff. Apply to: Edward T. Thomas, F.F.A.R.C.S., State University Hospital, 750 E. Adams St. Syracuse, N.Y., 12310, U.S.A.

ANESTHESIA — Residency positions are available in the Department of Anesthesia at the Saint John General Hospital, Saint John, New Brunswick. The training program is coordinated with Dalhousie University and approved by the Royal College of Physicians and Surgeons of Canada. Please direct inquiries to: The Chief of Anesthesia, Saint John General Hospital, Saint John, N.B.

CHIEF RESIDENCY IN ACUTE CARE MEDICINE — Available July 1, 1974 for one year. 1200-bed University teaching hospital. 8-bed Intensive Care Unit with multisystem diagnostic monitoring and support facilities. Candidate must have completed a minimum of 3 years postgraduate training in Medicine, Surgery, Pediatrics or Anesthesia. Salary commensurate with previous training. Address inquiries to: Dr. E. G. King, Director, ICU, University of Alberta Hospital, Edmonton, Alta., or telephone: (403) 432-6217.

LABORATORY MEDICINE, University of Ottawa Residency Training Programs — Training programs are offered in general pathology (rotating in anatomical and clinical pathology), anatomical pathology, hematological pathology, and medical biochemistry, as set out in the regulations of the Royal College of Physicians and Surgeons of Canada. Training positions are available at all levels (years one to four). The program is conducted in the 3 principal University affiliated hospitals, the Ottawa General, the Ottawa Civic and the National Defence Medical Centre. The professional laboratory staff of the 3 hospitals totals some 25 laboratory physicians and scientists. Address inquiries to: Dr. D. Magner, Professor and Head, Department of Pathology, University of Ottawa, Ottawa, Ont. K1N 6N5; or Dr. D. P. Hill, Department of Laboratory Medicine, Ottawa General Hospital, Ottawa, Ont. K1N 5C8, or Dr. J. R. Barr, Department of Laboratory Medicine, Ottawa Civic Hospital, Ottawa, Ont. K1Y 4E9.

ADVERTISERS INDEX

PATHOLOGY RESIDENCIES — The Department of Pathology, The University of Western Ontario and its affiliated teaching hospitals offer an integrated program of training in anatomic and general pathology. Fully-accredited by The Royal College of Physicians and Surgeons of Canada, the program embraces Victoria Hospital, St. Joseph's Hospital, Westminster Hospital (D.V.A.), the Medical School department on campus, and the University Hospital. Training in pathological anatomy is available in all hospitals; microbiology and clinical pathology by joint arrangements with Departments of Microbiology, Clinical Chemistry and Division of Hematology. A program of formal instruction is established and duties will include undergraduate teaching. Research work leading to M.Sc. or Ph.D. degree is also available. Excellent living and working conditions in this University city of 220,000. For further information apply either to: Dr. A. C. Wallace, Chief of Pathology, University Hospital and Professor and Head, Department of Pathology, The University of Western Ontario, London 72, Ont; or to Dr. D. M. Mills, Chief of Pathology, St. Joseph's Hospital, London; or to: Dr. M. S. Smout, Chief Pathologist, Victoria Hospital, London, Ont.

RESIDENCY IN OBSTETRICS AND GYNECOLOGY — Three-year approved program beginning July 1, 1974. Beginning stipend $11,700 per year, plus uniforms, hospitalization, other benefits and insurance. Write: Dr. James Gilmore, Chairman, Department of Obstetrics and Gynecology, Allegheny General Hospital, Pittsburgh, PA 15212, U.S.A.

RESIDENTS IN OTOLARYNGOLOGY — Applications are invited for residency posts in otolaryngology, commencing July 1, 1974. A 3-year approved residency in otolaryngology, plus one year in general surgery, is offered by the teaching hospitals associated with the University of Manitoba. For further information please write: Head, Department of Otolaryngology, The University of Manitoba, 770 Bannatyne Ave., Winnipeg, Man. R3E 0W3.

CHILD PSYCHIATRIC RESIDENCIES — Eclectic, community oriented 1-2 year child psychiatry residencies available in superb recreational setting. Applicants should have completed 2 years training in psychiatry. Program commences July 1, 1974. Salary range $9900-$10,680 per annum. Apply to: Dr. P. S. Stephenson, Head, Division of Child Psychiatry, Health Sciences Centre Hospital, University of British Columbia, Vancouver 8, B.C.

PSYCHIATRY RESIDENCIES, Dalhousie University, Halifax, Nova Scotia — 4-year approved residencies in university teaching and affiliated hospitals. Candidates may register for all or part of this course. Intensive training stressing individual supervision. Rotating through all essential services including general hospital consultations, child psychiatry, adult inpatient and outpatient services. The program can be individualized within Royal College requirements with the opportunity for original research both in clinical psychiatry and in the basic sciences. Salaries or bursaries ranging from $8440 - $16,000 annually, depending upon experience and type of financial arrangement. Apply, mentioning 3 references to: Director of training, Department of Psychiatry, Victoria General Hospital, Halifax, N.S.

RESIDENCY POSITIONS are available in the following specialties at the Saint John General Hospital, Saint John, New Brunswick: Medicine, surgery, obstetrics and gynecology, pediatrics, anesthesia, radiotherapy, radiology, urology and psychiatry. The training program is coordinated with Dalhousie University and positions are Royal College approved. Please direct inquiries to: The Director of Medical Education, Waterloo St., Saint John, N.B.

OFFICE SPACE

DON MILLS, (TORONTO) ONTARIO — Modern Medical Suite — 650 sq. ft., suitable for general practitioner or specialist with X-ray, laboratory, physiotherapy facilities available on the premises. Close to North York General Hospital and Scarborough General Hospital. Available October 15, 1973; present lease expires September 1975. Contact: Dr. P. C. Dutta, 1260 Lawrence Ave. East, Don Mills, Ont.

WINDSOR, ONTARIO — Physician's offices to lease in modern ground floor medical-dental building — 500 to 1000 sq. ft. Finished to your specifications. Contact: Mehar Holdings Limited, P.O. Box 1404, Windsor, Ont. Telephone: Days — 258-1240, Evenings — 945-0095.

TORONTO, ONTARIO (WARDEN AVE. AT SHEPPARD AVE. E.) — A privately owned Medical Building which is strategically located on Warden Ave. at Sheppard Ave. East, has approximately 5000 sq. ft. Occupancy January 1, 1974. Ideal for family physicians and medical specialists. Minutes to 2 hospitals. Lab and X-ray facilities being planned. High density area which is developing at a phenomenal rate. Apply: Ladmar Management Ltd., 638 Brookside Dr., Oshawa, Ont., telephone: (416) 579-2033.